VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

100	BALTIMORE CI	TY HEALTH DEPARTMENT
>	BIRTH NO. 68- 6002 CERTIFIC	ATE OF DEATH REG. NO. 68- 0102
	1. NAME OF DECEASED (Type or Print)	Ren 2. DATE AND HOUR OF DEATH
	3. PLACE IN BACTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where degreesed lived. If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A. STATE B. COUNTY D. INSIDE CITY LIMITS?
	Ad. Gen'l Host.	E. STREET AND NUMBER
9	<u>i</u> 7 8	381/ MONTEREY KC.
S mac	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
non	to a comparison (Give kind of work) 10B. KIND OF BUSINESS OR INDUST done during most of working life, even if refired) RHO RE	RY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
sposi	done during most of working life, even if relired) CLERK 13. FATHER'S NAME TO A CREATE THE CONTROL OF THE CONTROL OF THE CREATE	14. MOTHER'S MAIDEN NAME Torosa: Eiser
5	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. MFORMANT Mrs Mary E, Higdon Same DDRESS
luo	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 705-09-6438	ASTA XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
0		BETWEEN ONSET AND DEATH
9	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DIOGENIC ARREST 1/2 hr.
E .	(This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. II meons the disease,	SON TEOURICE OF Heart.
Ē	injury or complication which coused death.)	TE MYOCARDIAL INFAMO Y days AL
9	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if only, giving DUE TO, OR	
ns ar	rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	ATTERIOSCIEROTIC C-V Dis YEARS
E 0	4 2 0 1 11 Other significant conditions contributing	
9	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
the	19A. DATE OF OPERATION WAS PERFORMED WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
oetore	OR CONTRIBUTING CAUSE OF DEATH (noify medical examine) 218. PLACE OF INJURY (e., home, form, foctory, street, etc.)	g, in or obout 21C. WHERE DID (If In Boltimore City, give exoct location) office bldg., INJURY OCCUR?
_		21F. HOW DID INJURY OCCUR?
oined	While At Work At Work	
-	22. I certify that (1) (this haspitet) ottended the deceased from	6-3, 1968 10 6-7 1968.
pe	that (I) (we) last saw the deceased alive on	19 6 and that in (my) (our) pinion death occurred on the date
Ē	E 23A. SIGNATURE	Attending Med. Shaff 238. DATE SIGNED
Z .	DEGREE DEGREE	Phys. Director Phys. 23D. Address
opproval must	F. J. ZORICK H.	
	KENIOVAL (Specify)	
1	Burial 6/11/68 New Cathedral 25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	Baltimore, Maryland
written	JUN 1 0 1968 R. C. L. & Fallon	Feonard Ruck Inc Baltimore, Maryland
11	VS 150-REV. 1/1/6B	

Sold Sold Sold District THE R. W. P. P. LEWIS P. LEWIS P. LEWIS P. RUM TRANSPORT LAND STREET See the second of the second of HERENER, MELETER STREET STREET, STREET, ASSESSED IN

68-6003 baltimore city health department

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	58
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MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 68- 6903							
1. NAME OF DECEASED	2. DATE Known Month Doy Year Hour							
(Type or Print) MICHAEL C. BRADY	OF DEATH Estimoted June 6, 1968 9:50 A.M.							
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	June 6, 1968 9:50 A.M.							
Johns Hopkins Hospital	5. USUAL RESIDENCE (Where deceosed lived, If Institution: residence before odmission) A. STATE Maryland A. STATE							
6. SEX 7. RACE 8. MARRIED NEVER MARRIED X	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
Male White WIDOWED DIVORCED	Mitchellville YES NO X							
9. DATE OF BIRTH 10. AGE (In years of Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER Box 19 Queen Anne Road							
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME							
Maryland What country? U.S. A.	Charles M. Brady							
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME							
done during most of working life, even if retired) Helper Construction	Jane Desmond Seigler							
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS							
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.								
no	Jane S. Brady							
19. E Y 16.0 I CAUSE OF DEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
DISEASE OR CONDITION DIRECTLY	A THE STATE OF STREET AND ADDRESS OF THE STREET							
LEADING TO DEATH	AUSE Cerebro-cranial injuries							
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:							
injury or complication which coused death.)								
UNDERLYING CONDITION LAST	AS A CONSEQUENCE OF:							
(C)	***************************************							
(C)								
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)							
6-1-68 Head injuries	No							
22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g.,	in or obout 22C. WHERE DID (If in Boltimore City, give exact location)							
UNDERLYING TOR CONTRIB-	Route #214							
22D TIME (Month) (Doy) (Year) (Hour) 22E INTURY OCCUPRED	22F HOWDID INJURY OCCURS							
OF INJURY (APPROX.) 6-1-68 ? WHILE AT WORK AT W	OF INJURY (APPROX.) 6-1-68 ? WHILE AT NOT WHILE X Driver of auto who lost contol and went							
I certify that I held an Inquiry I Inspection XX Au								
resulted from: Natural causes Accident X Suicid								
ACTUAL CL.	CHIEF MEDICAL EXAMINER L							
SIGNATURE MAN . Jak M.D	ASSISTANT MEDICAL EXAMINER							
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER June 6, 1968							
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, or county) (State)							
Burial 6/10/68 Ft. Lincoln	Colmar Manor P.G. Md.							
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR 4798 Balto. Ave.							
JUN 10 1968 R. D. & Early Ma	D							
VS 151-REV. 1/1/68	0 1 0 0 1							

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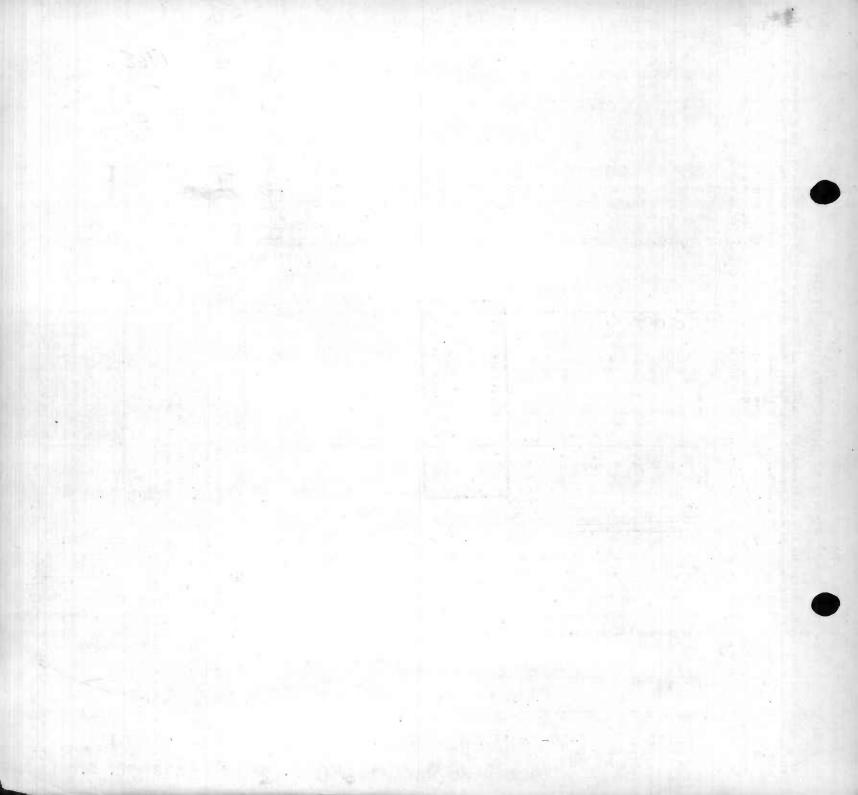
BIRTH NO.	00	3- 6004 CERTI	FICATE OF D	EATH REG. NO	68-6004
NAME OF DE	CEASED			2. DATE AND HOUR OF DEA	ATH
Type or Print)	OPHIA WEG	GRZYNIAK (WENG	(Nannak)	JUNE 6	1968 5:30 A
		WHERE PRONOUNCED DEAD	4. USUAL RES	IDENCE (Where deceased lived. B. COUNTY	If institution: residence before admission
			1111	RYLAND	76-03
OSPITAL OR	ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STR	C. CITY OR TO		INSIDE CITY LIMITS?
NSTITUTION				TIMORE	YES NO
3 CH	urch home	& HOSPITAL	E. STREET ANI		
39			343	8 JUDEWAY	21213
. SEX	6. RACE	7- MARRIED NEVER MARR	IED 8. DATE OF BIR		If Under 1 Yr. If Under 24 H Months: Days Hours Min.
F	W	WIDOWED DIVORG		1892 last birthdov	Manins; Days Hours Min.
		rk 108. KIND OF BUSINESS OR IN		E (State or foreign country)	12. CITIZEN OF WHAT COUNT
	of warking life, even if retired) EMAKE(Z		MA	HEYLAND POLAN	ID HEA POLAN
3. FATHER'S NA				MAIDEN NAME	TO A TO A P
	PHN KOSTR			24 PENCKEIA	
o. Was Decease les, no ar unknaw	rd Ever in U.S. Armed Forn) (If yes, give war or da	des of service) 1 6. SOCIAL SECURITY No.			3708 ELMLEY
110		W Sillio	JOAN M	V EGRZYNIAK	of o ELMILTY
UNDERLYIN OTHER SIGN TO THE DEA	OR CONDITIONS, if he obove couse (A) NG CONDITION lost.	Sloting The CONTRIBUTING THE TERM THE	O, OR AS A CONSEQUEN	acioscueronie us	FAIZF DISEASE
DISEASE OR	OF OPERATION GIVEN IN PA	RT 1 (A). NOITION FOR WHICH OPER TIC	ON 20A. AUTOP	SY? (Yes or No) 208. IF YES, W	FERE FINDINGS CONSIDERED CAUSES OF DEATH?
	ENT WAS UNDERLYING	TRACTURE, RT.	RY (e.g., in or obout 21 C. V		Itimore City, give exact lacation)
OR CONTRI	fy medical examiner	hame, farm, foctory,	street, office bldg., INJUR	Y OCCUR?	A115 00 100 000
21 D. TIME			015	IOW DID INJURY OCCUR?	BUC BALL RA
OF INJURY	(Manth) (Doy) (Yeor		Not While	CW DID INJURY OCCUR?	
(APPROX.)	4 15 68	Wark Wark	At Work	1-00-5-76	15/20
22. I certif	y that (1) (this hospita	al) attended the deceased fro		19 & to	6-6 19 68
that (I) (we	e) lost saw the deceas	sed alive an	6 19 6	gand that In(my) (aur)	apinion death occurred on the d
and hour a	nd from the couses sto	ated abave. (I) (We) (did) (di	d nat) view the bady	-	
23A. SIGNAT	TURE				23 B. DATE SIGNED
Cor	ara I. Vir	gara . 4.2.	Dhue I	Med. Staff Phys.	June 6 1968
23 C. FH131C	IAN 3	DEC	IZZD ADDRESS		
NAME	OPAZON Z.	TORGARA M.D.	Church	h Home & Hoget	halling sed a
	REMATION, 248, DATE	24C. NAME of CEMETER	Y OF CREMATORY	24D. LOCATION	(City, town, or county) (State
REMOVAL	(Specify)				(Store
		OO TION IT DOOR			
BURIAL	0-10-	25B. NAME OF REGISTRAR	RY CEMETERY	DUNDALK I	MARYLAND ADDRESS 401

VS 150-REV. 1/1/68

& SONS

CHESTE

S. INC.



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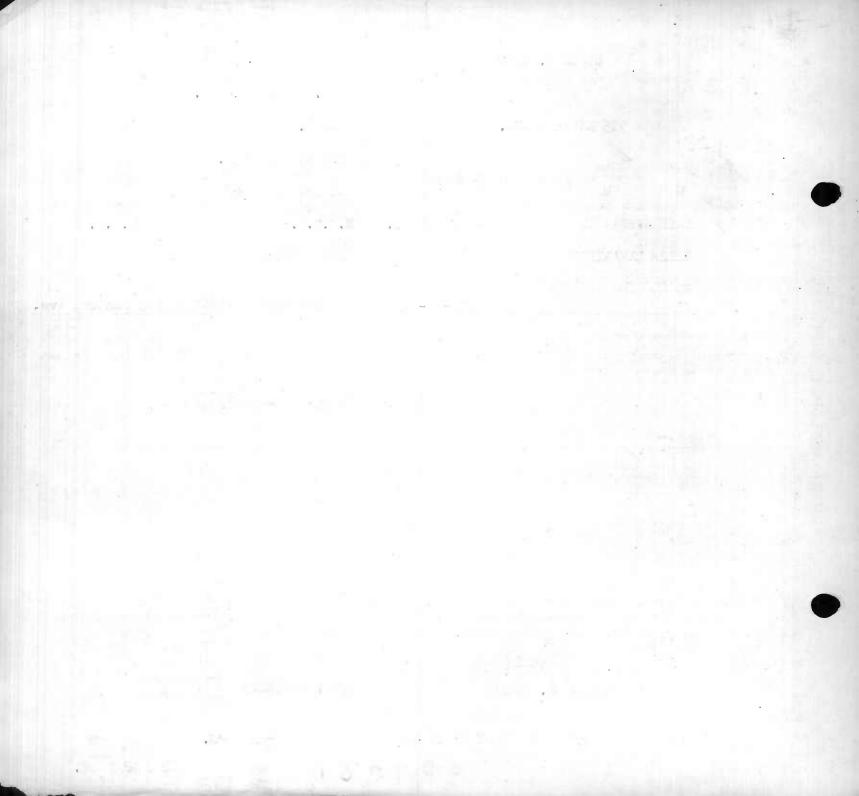
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shows: ö

BALTIMORE CITY HEALTH DEPARTMENT 68- 6005 CERTIFICATE OF DEATH REG. NO. of death Deceased BIRTH NO. Suci I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LOUIS J. CAVALTERE JUNE 7th 1968 LO hospital death. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance B. COUNTY (4) Undetermined cause; (5) cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? attend 0 915 EASTERN AVE. BALTO. YES NO prior 00 E. STREET AND NUMBER contributing occurred 915 EASTERN AVE. made. ar 5. SEX 9. AGE (In years B. DATE OF BIRTH 6. RACE If Under 1 Yr. Months: Doys If Under 24 Hrs. MARRIED # NEVER MARRIED 68 thdoy gu eceased Hours M W MAY 2nd I90I WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? death disposition REGISTER OF WILLS. N.Y.N.Y. U.S.A. Mas 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the direct RALPH CAVALIERE RACHEL PIERRE eath 0 kind; 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, No unknown) (If yes, give wor or dotes of service) 17. INFORMANT ADDRESS 6. SOCIAL final SECURITY NO. attendance 215-28-8956 0 MRS CLEMENTINE CAVALIERE 915 Eastern Ave. any CAUSE OF DEATH APPROXIMATE INTERVAL 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Also, embalmed o LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This daes not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, regula injury or complication which caused death,) ANTECEDENT CAUSES 0 are DISEASES OR CONDITIONS, if ony, giving 3 to the above cause (A) stating the UNDERLYING CONDITION last. the remains medical Was 11 15 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 198, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 19 A. DATE OF OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before by 3 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) here OR CONTRIBUTING CAUSE OF to the hospital MEDICAL °Z DEATH (notify medical examined 3 obtained 21 D. TIME OF INJURY (Month) (Doy) (Year) 21 F. HOW DID INJURY OCCUR? (Hour) 21 E. INJURY OCCURRED 9 approved Not While except While At (APPROX.) Work At Work and any 22. I certify that (1) (*his_hespital) attended the deceased fram 1968 that (1) (we) last saw the deceased alive an pe of eath) hospital and haur and fram the causes stated above. (1) (#e) (did) (did not) view the bady after death. was released must 23 B. DATE SIGNED O Attending 4 Staff Med 0 Phys. Director approval 8 prior at An

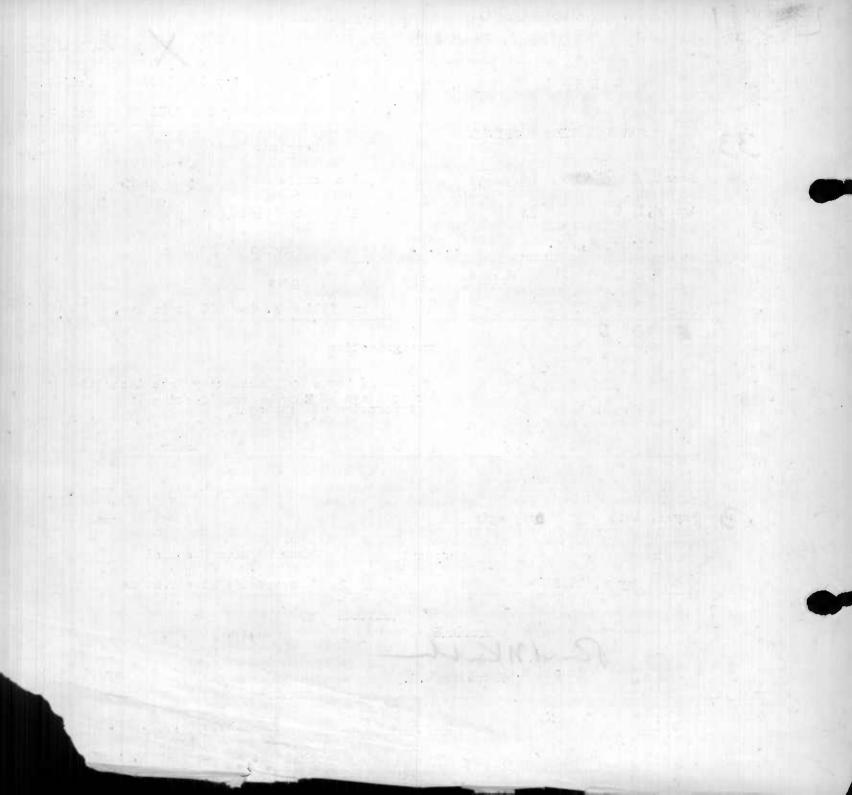
and that in (my) (our) opinion death accurred an the dote NAME (Type) RATMOND DEGREE 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C, NAME of CEMETERY OF CREMATORY (Stote) 24D. LOCATION (City, town, or county) BURTAL 6/II/68 HOLY REDEEMER BALTO Md. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 322 S HIGH ST. VS 150-REV. 1/1/6B



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68- 6006 BALTIMORE CITY HEALTH DEPARTMENT

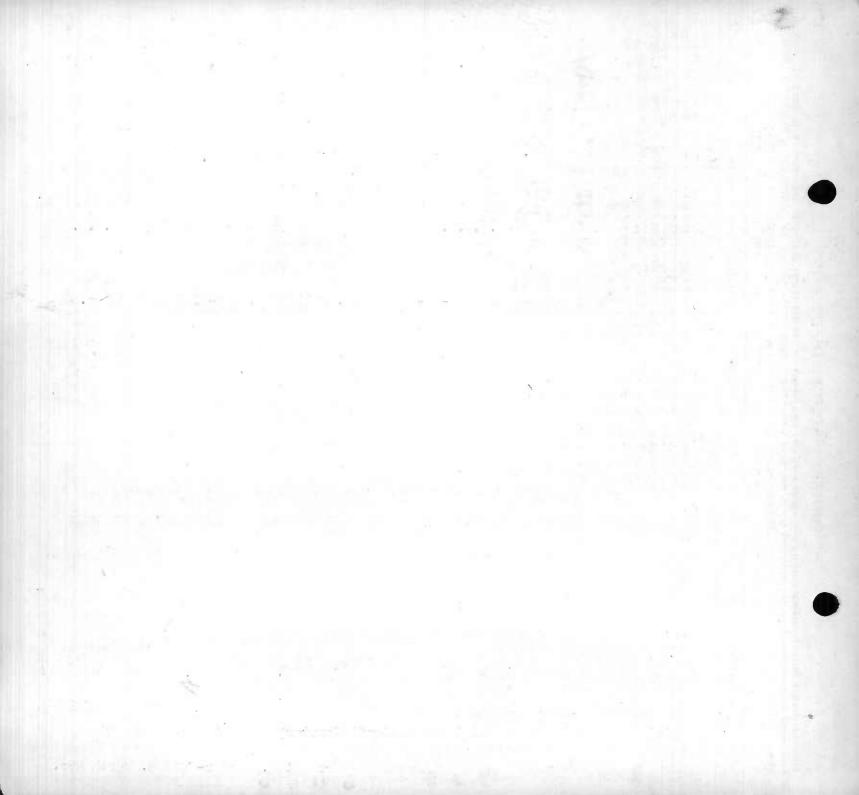
BII	RTH NO.		MED	ICAI	L E)	KAMINER'S C	ERTIF	ICATE O	F DEAT	H REG. NO.	6	8-6	006
-	NAME OF DEC	CEASED					2. DATE	Knawn 🗆	Manth	Day	Year	Haur	
	pe ar Print)	LOUI	SE			LEE	OF	Estimated [30, 1968			P. M.
4	PLACE IN BAI			HERE P	RONC	DUNCED DEAD	3. DATE	E anni di co	Manth	Day	Year	Hour	~ · M.
FU	LL NAME OF	(IF NO	OT IN HOSPITA	LORINS	STITUTIO	ON, GIVE STREET		DUNCED DEAD		0, 1968	7601	5:15	P. M
OR	INSTITUTION	OHNS H	OPKINS	HOSP	ITA:	L	5. USUAL A. STATE	RESIDENCE (Wh Marylan		B. COUNTY	residence	befare adm	nissian)
6.	SEX	7. RACE		8. MAR	RIED [NEVER MARRIED	C. CITY C	RTOWN		D. INSIDE CI	TY LIMITS	?	
	Female	Col	ored	WIDO	_	-	Glen	Burnie		YE	\$ 140	No 🗆	
	May 24,1		10. AGE (Ir last birthda	years 59	If Un Mant	nder 1 Yr. If Under 24 Hrs. hs Days Haurs Min.		AND NUMBER Scott Av	enue				
11.	BIRTHPLACE (S	State or forei	ign cauntry)		1	TITIZEN OF	-	R'S NAME					
144			-	AR KINI	D OF F	U.S.A. BUSINESS OR INDUSTRY	15 MOTH		on Bell				
	e during mast of	warking life, e					13. 11011	ER 3 MAIDEN 14	AME				
	Coc					te Family		Agnes		?			
	WAS DECEAS s, na ar unknawn NO					17. SOCIAL SECURITY NO.	Mr W:	illiam E.	Lee 21		Ave,	Marley	y Park
	19.	00				CAUSE OF DEA	ГН					APPROXIMATE	
	DICEAC	E OP COM	DITION DIREC	TIV		Exsangui	natio				loc.	MEEN ONSE!	AND DEATH
	DISEAS	LEADING TO		CILY				.1					
	(This does n	nat mean the	made of dy	ing, e.g.,		(A) IMMEDIATE C		QUENCE OF:					
	heart failure	i, asthenia, et mplication wh	c. It means the ich caused dec	disease,		Erosion	of Ao	cta by Th			inser	ted	
	for drai					nage	of Empyem	a compl	icating				
	ANTECEDENT CAUSES (8) PERFORATION OF ESOPHAGES												
	RISE TO TH	OR CONDIT	IONS, IF ANY	, GIVING	-	DUE TO, OR	AS A CONS	EQUENCE OF:					
2	UNDERLYI	NG CONDIT	TION LÁST.			(c)							
ō	F0	· V	11										
CERTIFICATION	TO THE DE	ATH BUT NO	T RELATED TO	THE TERM	AINAL			=~~aa~~a~~aaa					
RT						WHICH OPERATION WA	S PERFOR	MED			21. AUT	OPSY? (Yes	ar Na)
2	May 9,	1968	12	ysph	agia	a					ye		
¥		NAL CAUSE		2 - E			in ar about	22C. WHERE DI	D (If in Saltima	re City, give exq			
2	UNDERLYING	G OR CON	NTRIB-		hame	PLACE OF INJURY (e.g., , farm, factory, street, affice	e bldg., etc.)					2 . 4	
MED	UTING X CA			\ (II	- 120	Hospital	- 10	22F. HOW DID		Hospital		7-0	-0
	OF INJURY (APPROX.)		(Day) (Year 1968) (Hau	′	HILE AT NOT	WHILE TO			isadvent	ure		
	23.	,			111.] **	- AIW	ORK [32]						
	1 cert	tify that I l	held on	nquiry		Inspection Au	topsy X	and that or	this basis,	death in my	opinion		
	resul	ted from: I	Notural cau	ses 🗌	A	ccident 🔀 Suicid	• 🗌 I	lomicide 🗌	Undetermi	ined monner			
		1	7	101	17	, ,		CHIEF MEDICA					
	ACTUAL		Curlo	n	Ku	when		SISTANT MEDICA		K		DATE SIG	GNED
	SIGNAT		Ronald	N.	V - 202	nblum, M.D.		*			Mav	31, 1	1968
	EXAMIN NAME (KOLI	indicant, In a De	ASS	OCIATE MEDICA	L EXAMINER			, .	
	A. BURIAL CRE MOVAL (Spec	MATION,	24B. DATE		24	C. NAME of CEMETERY	or CREMA	TORY 24	D. LOCATION	(City, tawn	, ar caunt	(y) (S	tate
	Burial		6/	4/68		Arbutus l'em	orial	Park	Baltin	nore, CO	. MD.	- 1	
25	A. DATE REC'D				VAME	OF REGISTRAR		FUNERAL DIRE			DDRESS		
		stine 4	0 4000	4	. 44	0 7.0		Herbert 1	E. Nutte	er 3035 t	N. No	rt.h	
		T WILL	A 1309	1150	-	2 44 V 22		70.0		The state of the	7		
VS	151-REV. 1/1/6	8	10	-		in the Late							



VS 150-REV. 1/1/68

				HEALTH DEPARTMENT		
	6	8-60	07 CERTIFICA	TE OF DEATH	REG. NO	68-6007
BIRTH NO.			0=1(11110)			
NAME OF DE	CEASED			_	ND HOUR OF DEATH	
		e Lee		Jun		10:15 P.
PLACE IN BA	ALTIMORE, MARYLAND, V	WHERE PRONG	DUNCED DEAD	A. STATE B. COUR		stitution: residence befare admission
ULL NAME OF	E (IE NOT IN HOSPI	TAL OR INST	TUTION, GIVE STREET	Maryland	/	5-3/
OSPITAL OR	ADDRESS OR LOC	ATION)	TO HON, OFFE STREET	C. CITY OR TOWN	D. INS	DE CITY LIMITS?
43111011014				Baltimore		YES XX NO
				E. STREET AND NUMBER		
10 312	7 Hanlon A	ve.		3127 Hanlon	Ave.	
SEX	6. RACE	17		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 H
SEA			NEVER MARRIED		lost birthdoy)	Months Doys Haus Min.
Male	Colored	WIDOWE	DIVORCED	May 28,1916	52	
		rk 108. KIND C	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNT
Youth S	of warking lite, even if retired)	v	M.C.A.	Southport	North Caroli	na U.S.A.
		1 10	MIPOSU.	*		
FATHER'S NA	AME			14. MOTHER'S MAIDEN NA	WE	
Charl	ev Lee			Eva Stra	tman	
. Was Decease	ed Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	vn) (If yes, give wor or dot	av 44		1/- 7-30-11-0	1 0107 !	In a law A =
Yes	World War	11	119-12-7347	Mrs. Juliett 0	. Lee-312/ F	anion Ave.
18.02 0	3 X I		CAUSE OF DEAT	Н		APPROXIMATE INTERVA
	ASE OR CONDITION D	IRECTLY				DETWEEN GROEF AND DE
	LEADING TO DEATH			- male 1+ 1:1.	h1 10-	3xx8
(This daes	nal mean the made a	dying, e.q	(A) IMMEDIATE CA	A CONSEQUENCE OF	My Al BM	la 12-
	e, asthenia, etc. It mean		9,	A CONSEQUENCE OF .		
injury ar co	amplication which cause		0	A		
	ANTECEDENT CAUSE	S	(B) Seco	and any Ame	mia	6118
DISEASES	OR CONDITIONS, if	any, givin	DUE TO, OR AS	A CONSEQUENCE OF:		
	the abave couse (A)	stating th				
UNDERLITE	NG CONDITION last.		(c)		***************************************	
z 203	X 11					
OTHER SIGN	IFICANT CONDITIONS CO					
	ATH BUT NOT RELATED TO CONDITION GIVEN IN PA					
	OF OPERATION 198. COI	NDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes at N	al 208, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
	WAS PE	RFORMED			IN CERTIFIING CA	OSES OF DEATH?
J 21A. ACCID	ENT WAS UNDERLYING	7 21	B. PLACE OF INJURY (e.g.,	n or about 21 C. WHERE DID	(If In Boltimor	e City, give exoct location)
OR CONTRI	BUTING CAUSE OF	ho	me, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
)	ify medical examiner	et	U 6/			
21D. TIME	(Month) (Doy) (Yeor	(Haur) 21	E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
OF INJURY			hile At Nat Whi			,
(ATTROA)		W	ork At Wark			
22. 1 certif	fy that (1) (this hospita	ol) attended	the deceased fram	3-23	1865 to 6	-5 1968
that (I) (we	e) last sow the deceas	ed olive an	6-5	1968 and 1	hat in (my) (our) and	nion deoth occurred an the d
						and the control of th
		ated above.	(I) (We) (did) (did not)	view the body after deoth.		
23A. SIGNAT	TURE					23B. DATE SIGNED
1 th	Multon	2001	A PPU A Dh.	ending Med. Director	Staff Phys.	6/9/18
23C. PHYSIC	IANS	exacts	DEGREE TO	23D. ADDRESS	,	1 0.60
NAME	(Type)	01	,	-TION / //	1 1.	0 ,
G.6	ranklin	1-11/	108 MD DECORE	558 MG MDG	fan of	150/10 MIN.
4A. BURIAL CI	REMATION, 248. DATE	24C.1	NAME OF CEMETERY OF CR	EMATORY 24D.	LOCATION (C	ity, town, or county) (State
Burial		68 F	Baltimore Natio	nal Gemetery	Baltimore, 1	Maryland
SA. DATE REC'	D BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS

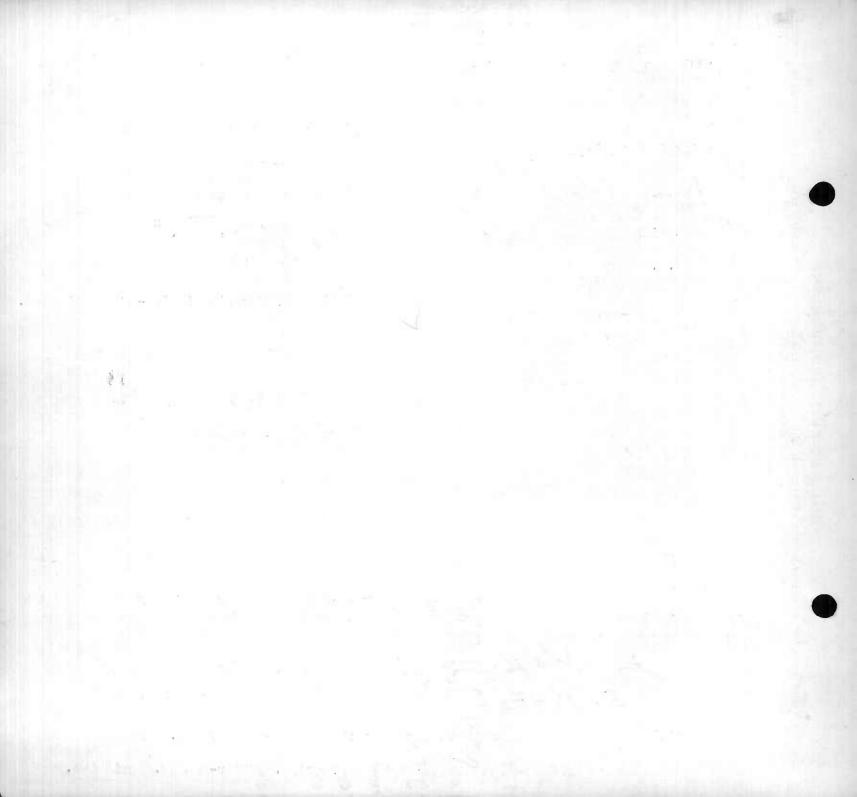
Nutter-3035 W. North Ave.



IMPORTANT

DIRECTOR:

FUNERAL



4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) INSIDE CITY LIMITS? YES A NO If Under 1 Yr. Months: Doys If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Veterans Adm. Hospital, Balto., Md. 21218 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 to 3 days Months 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 23 B. DATE SIGNED 6-9-68 Baltimore, Maryland 21218 shows: SID de

BALTIMORE CITY HEALTH DEPARTMENT

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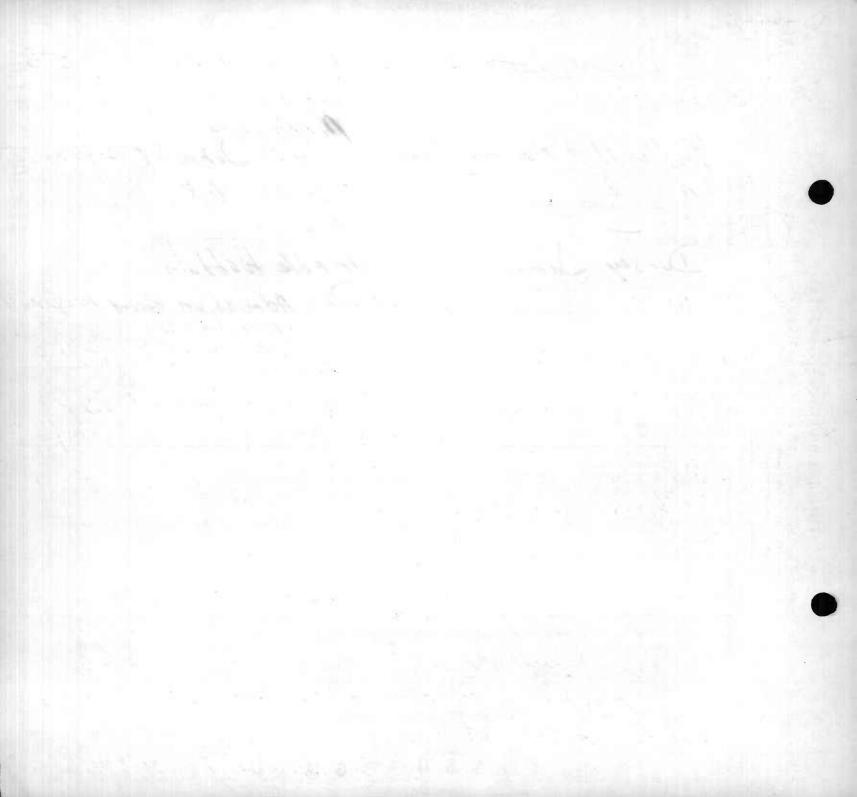
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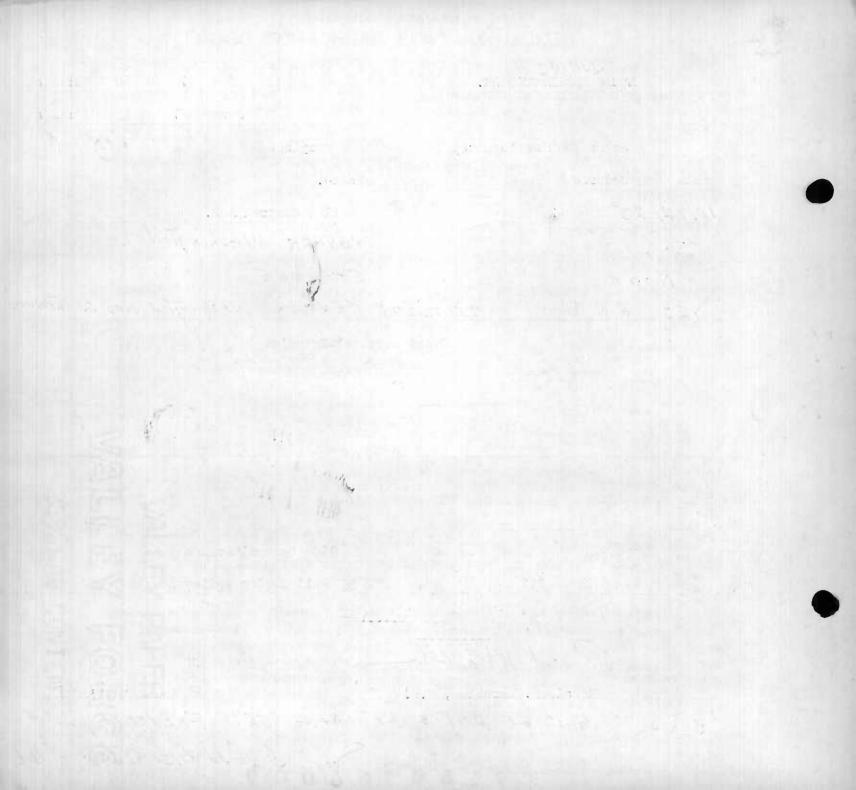
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V\$ 150-REV. 1/1/6B

			HEALTH DEPARTMENT		69 6040
DID	68-69	010 CERTIFICA	TE OF DEATH	REG. NO.	68-6010
1.1	TH NO. AME OF DECEASED	4	2. DATE AN	D HOUR OF DEATH	(1)
(Ту	pe or Print)) ~ ~ Sell , In h	DAMES	W. 6-	9-68	1 5 m.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When		tion: residence before odmission)
FU	LL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION GIVE STREET	Baltin	ore T	-05
HC	SPITAL OR ADDRESS OR LOCATION)	TOTAL OF THE STREET	C. CHY OR JOWN	D. INSIDE	CITY LIMITS?
15	10		ALARY /	and YE	s No
	2 11 1/11/11	1/	E. STREET AND NUMBER	1 . 10	h
1	Solfon Hill Nuri	79 Hone	1400.	John 37	1606 E MADISON
5.	6. RACE 7. MARI	RED NEVER MARRIED		9. AGE (In years If M	Under 1 Yr. If Under 24 Hrs.
	MIDO!		1-1-00	68	
	. USUAL OCCUPATION (Give kind of work 10 B, KtN e during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	2. CITIZEN OF WHAT COUNTRY?
			Md		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
	Dorsey James		Unable to	ophtica	
	Wos Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	00/419	ADDRESS
(Te	in or unknown) (If yes, give wor or dotes of serv		121. 11		11/10/21.0
-	N p	216-09-4623 CAUSE OF DEAT	FF'S HOM	,55,01 Rec	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	orchory of a	noted artere	BETWEEN ONSET AND DEATH
	LEADING TO DEATH		e de star in	· 1	2/60
	(This does not mean the mode of dying,		A CONSEQUENCE OF:	is prouved	/08
	heort foilure, osthenio, etc. It means the dise injury or complication which coused death.)	ose,	brown depa	H	
	ANTECEDENT CAUSES	2.0	15 0 0	0. 1	
	DISEASES OR CONDITIONS, if ony, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	nereze	Kens
	rise to the obove couse (A) stoting		la ti		10
	UNDERLYING CONDITION Iosi.	(c)			The
z	260X II	NC			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMI				
ICA		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No		DINGS CONSIDERED
RTIFIC	2/23/68 WAS PERFORMED	turan la cona		IN CERTIFYING CAUSE	S OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Boltimore Ci	ty, give exoct location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	nce biag., INJURT OCCUR!		
DIC	21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
ž	OF INJURY (APPROX.)	While At Not Whil			
		Work At Work			10 1-
	22. I certify that (I) (this hospital) attend	0 1		96K to 6	19.65
	that (I) (we) lost sow the deceased alive	on	19.6 ond the	ot in(my) (our) opinia	n death occurred on the date
	and hour and from the couses stated above	ve. (1) (We) (did) (did not) v	iew the bady ofter deoth.		
	23A. SIGNATURE	010			B, DATE SIGNED
	almay	DEGREE Phys	nding Med. Director	Staff Phys.	6/9/68
	23C. PHYSICIAN'S NAME (Type)	4.0	23D. ADDRESS	211	4.0
	ALLAN H	MACHT MD	2 F Real &	7 Porto	Md 2/202
24/	BURIAL CREMATION, 24B, DATE	C. NAME of CEMETERY OF CRE	MATORY 24D. Le	OCATION (City, t	gwn, or county) (State)
7	REMOVAL (Specify) 6/13/68	Mt. Colonn	, /	1. A. Count	y' mo
25/	. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	3.01	ADDRESS
n	JUN 10 1968 (P.O.)	SSE Sta Burn 1	10001 Ch 80	ock #130	4n. Central and
	THE PARTY OF THE P		- UC	//	1000



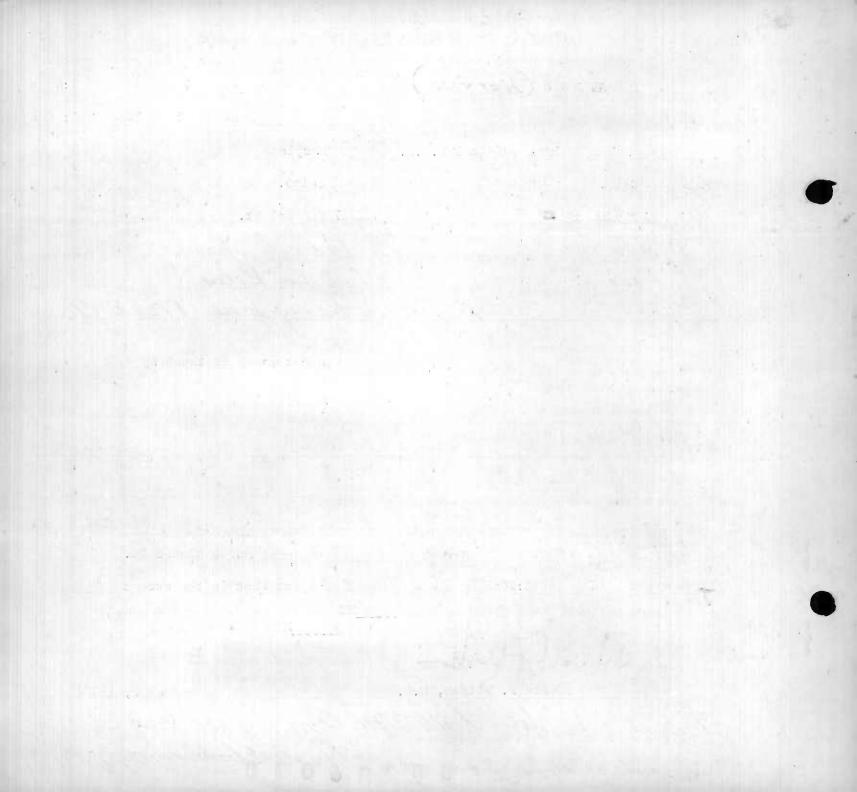
BII	TH NO		WED	ICAL	EX.	AMINER 5	LEKIIF	ICATE	ו זכ	DEAT	H REG. N	10	001	las religi
BIRTH NO. 1. NAME OF DECEASED JUNIUS (Iyue or Print)							2. DATE	Knawn [2	X.	Month	Day	Yeor	Hour	
(Type or Print) LUCAS WASHINGTON JR.						OF DEATH	Estimoted		6	7	68		5 a _M	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE			Month	Doy	Yeor		741,	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)						OUNCED DEAD		June	7	196		101.		
					5. USUAL A. STATE	Maryland			B. COUNT		e before odmi	ssion)		
6.	SEX	7. RACE				NEVER MARRIED	C. CITY C				D. INSIDI	E CITY LIMITS	7	
N	[ale	Color	ed	WIDOW		DIVORCED [Bal.	to.				YES 🗌	NO 🗆	
9.	DATE OF BIRTH	1	10. AGE (II	yeors	If Unde	er 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMBE	R		1	163	NO	
11	0/12/3	25	lost birthdo	y) /	Months	Doys Hours Min.		L108 Cent	tma:	l Ave.				
11.	BIRTHPLACE (S	late or foreig	n country)	ī		IZEN OF	13. FATHE	R'S NAME	_			- /		
	5. (1			WH	IAT COUNTRY?	PE	NNER	u	ASh.	ingTo	N		
				148. KIND	OF BU	SINESS OR INDUSTR			NAM					
401	e during most of w	NE	en irrenired)				Et	RLEN	E					
16.	WAS DECEASI	ED EVER IN	U.S. ARMED	FORCES?	? 1	7. SOCIAL SECURITY NO.	18. INFO				, ,	ADDRESS	Zo s	7.
1,,,	YES	WW	11	or service,	1	75-1 22 2095	PE	INNER	-	WASH	ringle	ON 110.	5- BREA	MOOC
	19.	5.91	-50	-12-7	Y	CAUSE OF DEA	TH					BE	APPROXIMATE IN	
Н	DISEAS	E OR COND	ITION DIRE	CTLY	/	Cranioce	rebra1	Injurie	S					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE													
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,									0070074040000				
	injury or complication which caused death.)													
	ANTECEDENT CAUSES (8)													
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE						AS A CONS	EQUENCE OF:						
z		G CONDITI		MINO MIL		(C)								
12	353	3	II		-				-					
CERTIFICATIO		IFICANT CON												
臣	DISEASE OR	CONDITION	GIVEN IN PA	ART 1 (A).										
1	20A. DATE OF	OPERATION	20B. CO	NDITION F	OR W	HICH OPERATION W	VAS PERFORMED 21.					21. AU	TOPSY? (Yes	or No)
بدا	ス		1721							*			YES	
5	UNDERLYING	NAL CAUSE MOR CON		2 h	2B. PL/ nome, f	ACE OF INJURY(e.g., orm_foctory, street, offin HOME	in or obout e bldg., etc.)	IINJURY OCCU	JR?			e exoct locotion	n)	
e e	UTING CA	USE OF DEA	TH.											
2	OF INJURY		Ooy) (Yeo		·	INJURY OCCURRED	WHILE	22F. HOW DID						
1		6 6.	L968	???	m. WO		VORK X	Fell du	rin	g epi	leptic	siezu	re	0
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		ify that I h		nquiry L			topsy XX							
	result	red from: N	oturol cou	ses 🔲	Acc	ident X Suici	de 🔲 🔝	Homicide L			ned monn	er 🗀		
ACTUAL DEL 212.								CHIEF MEDIC			<u></u>		DATE SIG	NED
	SIGNATU		non	21	KI	WV M.I).	SISTANT MEDIC			LXXX			
	EXAMINI NAME (T		11	NT 77	1.	1	AS:	OCIATE MEDIC	CAL EX	AMINER		June	7, 196	8
24	A. BURIAL CREA		4B. DATE	N. KO	24C.	NAME of CEMETERY	pr CREMA	TORY	24D. L0	OCATION	(City,	town, jor coun		-
	MOVAL (Specif		6/12	168	B	ALTO- N	ATION	VAL	5'5	10	FRE	deric	x 6	Sop
25	A. DATE REC'D	BY HEALTH	DEPT.	25B. NA	AME O	F REGISTRAR	250	FUNERAL DIR	ECTO	RA	0.7	ADDRESS	hI	10
		11IN 1	0 1968	0.0	See B	E. Fallen	A DA	righ &	9. K	och	1/3	3040.0	Duha,	141
VS	151-REV. 1/1/68	N		11/19		0 0 0	(0)	5/00			/			λ.



68- 6012 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

68	6012
00	0 21 22 10

BIRTH NO.	CERTIFICATE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE Known Month Day Year Hour
(Type or Print)	OF STATE OF
NORMAN JONES (NOVV//-) 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH OF THE STATE
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	June 7 1968 1:46 a ₄
OK INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY
Johns Hopkins Hospital D.O.A.	Maryland
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	
Male Colored WIDOWED DIVORCED	Balto. YES NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24	Hrs. E. STREET AND NUMBER
Months, Doys, Hours,	
1)/BIRTHPLACE(Stote or foreign country) 12, CITIZEN OF	1817 Federal St.
WHAT COUNTRY?	13. FAITHER STAINE
- Dalle Ma	Havey Junes
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDU done during most of working life, even if retired)	STRY 15. MO HER'S MAIDEN MAME
Laborer	Uddie Kres
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no og ugknown) (if yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
2/9-18-3	3/9 Harrey Junes 1732 & Church
19. CAUSE OF	DEATH APPROXIMATE INTERVAL
12100	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	C
(A)IMMEDIA	TE CAUSE Gunshot wound of the lung OR AS A CONSEQUENCE OF:
heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	OK AS A CONSEQUENCE OF:
injury of complication which coosed death.)	
ANTECEDENT CAUSES (8)	
	OR AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	OR AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	OR AS A CONSEQUENCE OF:
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER STONIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(A)	WAS PERFORMED 21. AUTOPSY? (Yes or No) YES 23. in or obout 22C. WHERE DID (If in Boltimore City, give exact location)
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER STGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 220A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION UNDERLYING SOR CONTRIBUTION FOR WHICH OPERATION STREET, CONTRIBUTION OF INJURY (APPROX.) 6 7 68 1:30a WHILE AT WORK I certify that I held an Inquiry Inspection Inspection	WAS PERFORMED 21. AUTOPSY? (Yes or No) YES 1. AUTOPSY? Federal and Register St. ED 22F. HOW DID INJURY OCCUR? Subject shot in the street Autopsy Ond that on this basis, death in my opinion icide Homicide Undetermined monner
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OF THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OF INJURY (APPROX.) 6 7 68 1:30a WHILE AT OF INJURY (APPROX.) 6 7 68 1:30a WHILE AT OF INJURY (APPROX.) 6 7 68 1:30a WORK ACTUAL SIGNATURE	WAS PERFORMED 21. AUTOPSY? (Yes or No) YES 22. WHERE DID (If in 8oltimore City, give exoct locotion) Federal and Register St. Federal and Register St. Subject shot in the street Autopsy ond that on this basis, death in my opinion icide Homicide Undetermined monner CHIEF MEDICAL EXAMINER M.D. DATE SIGNED
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER STGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION UNDERLYING OR CONTRIBUTING COMMENT OF INJURY (APPROX.) OF INJURY (APPROX.) I certify that I held an Inquiry Inspection resulted from: Notural causes Accident Sunctions ACTUAL SIGNATURE EXAMINER'S NAME (Type) Edward F. Wilson, M.D.	WAS PERFORMED 21. AUTOPSY? (Yes or No) YES 1. AUTOPSY? (Yes or No) YES Federal and Register St. ED 22F. HOW DID INJURY OCCUR? Subject shot in the street Autopsy Ond thot on this bosis, death in my opinion icide Homicide Undetermined monner CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER June 7, 1968
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER STGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION UNDERLYING CONTRIBUTING Form, foctory, street, Street Street 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURR OF INJURY (APPROX.) 6 7 68 1:30 WHILE AT 123. I certify that I held an Inquiry Inspection resulted from: Notural causes Accident Support Street Stre	WAS PERFORMED 21. AUTOPSY? (Yes or No) YES 1. g., in or obout 22C. WHERE DID (If in 8oltimore City, give exact location) Office bidg., etc.) INJURY OCCUR? Federal and Register St. ED 22F. HOW DID INJURY OCCUR? Subject shot in the street Autopsy Subject shot in the street Autopsy Ond that on this basis, death in my opinion icide Homicide Undetermined monner CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER M.D. ASSOCIATE MEDICAL EXAMINER June 7, 1968
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	WAS PERFORMED 21. AUTOPSY? (Yes or No) YES 1. AUTOPSY? (Yes or No) YES Federal and Register St. ED 22F. HOW DID INJURY OCCUR? Subject shot in the street Autopsy Ond thot on this bosis, death in my opinion icide Homicide Undetermined monner CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER June 7, 1968
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	WAS PERFORMED 21. AUTOPSY? (Yes or No) YES 1. AUTOPSY? (Yes or No) YES Federal and Register St. ED 22F. HOW DID INJURY OCCUR? Subject shot in the street Autopsy Ond thot on this bosis, death in my opinion icide Homicide Undetermined monner CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER June 7, 1968
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER STONIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION UNDERLYING CAUSE WAS UNDERLYING CAUSE OF DEATH 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURR OF INJURY (APPROX.) 6 7 68 1:30a WHILE AT CONTRIBUTION CONTRIBUTIO	WAS PERFORMED 21. AUTOPSY? (Yes or No) YES 1. AUTOPSY? (Yes or No) YES Federal and Register St. ED 22F. HOW DID INJURY OCCUR? Subject shot in the street Autopsy Ond thot on this bosis, death in my opinion Icide Homicide W Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER W ASSOCIATE MEDICAL EXAMINER W ASSOCIATE MEDICAL EXAMINER W June 7, 1968 RY or CREMATORY 24D. LOCATION (City, Man, or county) (Stote)



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68- 6014

OO OOLI BALIMORE CITT HE		68 601
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	
1. NAME OF DECEASED	2. DATE Known 💟 Month Doy	Year Hour
(Type or Print)	OF Salmated C	
BENNIE WHITE 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	68 12:52 p M
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	1601
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	June 6	1968 12:52 p M
3 3	5. USUAL RESIDENCE (Where deceosed lived. If institution A. STATE B. COUNTY	: residence before odmission)
Johns Hopkins Hospital	Maryland	1-05
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CI	MY LIMITS?
Male Colored WIDOWED DIVORCED		ES DE NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	. E. STREET AND NUMBER	
2/1/1972 lost birthdoy) Months, Doys, Hours, Min.		
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	709 N. Dallas St.	
/ . — / — WHAT COUNTRY?	John Edw. White	, pro-
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR		
done during most of working life, even if retired)	TIS. MOTHER'S MAIDEN NAME	. 1
RESIDUPANT HEIDER	GERINOGE MIM	Abry
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dojes of service) 17. SOCIAL SECURITY NO.	18. WFORMANT	DDRESS
VES WW # 2- 220-14-78	43 HELINY JOHNSON-	PiTISburg
CAUSE OF DEA		APPROXIMATE INTERVAL
		BETWEEN ONSET AND PEAT
LEADING TO DEATH	osclerotic cardiovascular dise	ase
(A)IMMEDIATE	AS A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF.	
miles of the second sec		
ANTECEDENT CAUSES (8)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	S AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		25.0
0		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	<u></u>	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PEREORMED	21. AUTOPSY? (Yes or No)
15 2		YES
228. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g.	in a decident willing DID (iii ii iii iii ii iii iii ii iii ii ii	and a second
U INDERIVING TOR CONTRIR home, form, foctory, street, offi	, in or obout 22C. WHERE DID (If in Baltimore City, give excice bldg., etc.) INJURY OCCUR?	ict locotion)
□ UTING □ CAUSE OF DEATH.		
OF INJURY (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED		
(APPROX)	T WHILE WORK	
23.		
	utopsy 🔀 ond that on this bosis, death In my	opinion
resulted from Notural couses Accident Suici	de Homicide Undetermined monner	
D 71.1	CHIEF MEDICAL EXAMINER	
ACTUAL SALENDE PURCH	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.I	D	
Edward F. Wilson, M.D.	ASSOCIATE MEDICAL EXAMINER	Sum = 7 10.00
NAME (Type) Edward F. Wilson, M.D. 24A. BURIAL CREMATION, 124B. DATE / 124C. NAME of CEMETERY		June 7, 1968 (Stote)
REMOVAL (Specify)	e C - to te	if him
BurlaL 6/15/60 134/10.1	161. CEm.)) 01 FFED	MAVE
25A. DATE REC'D BY HEALTH DEPT! 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	DDRESS
4 69 6	M 111-15 - 17 1	No-

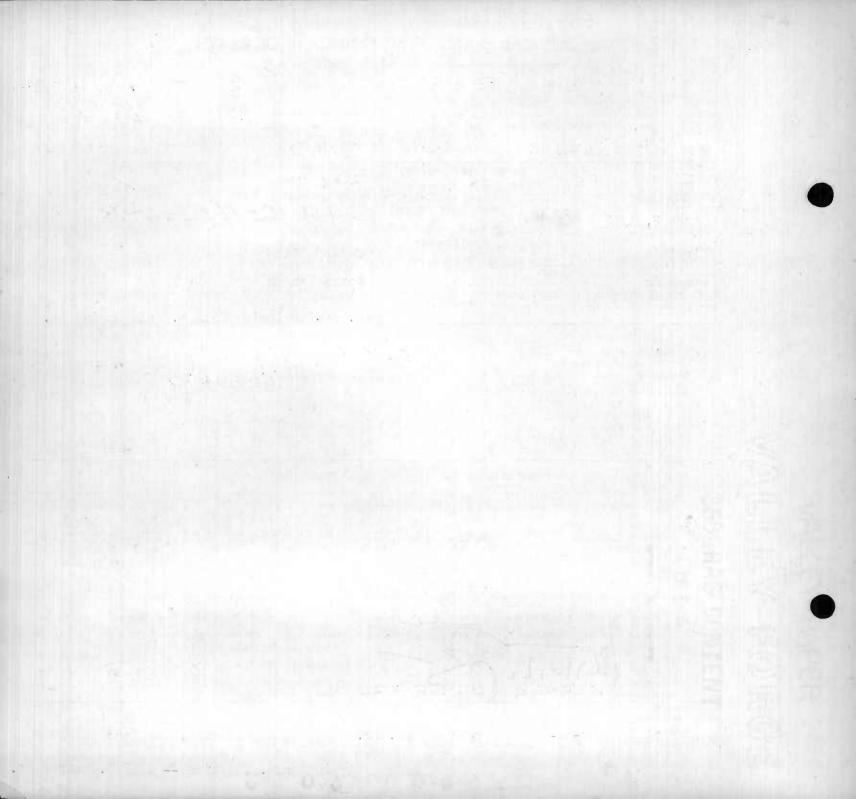
732/11/3 STAN WAR WALL MERTAL BURE MERTER LE LUI JAMEY WITH THE WAY THE THE THE THE WAY THEN ROWLL 6/12/68 BUTE NATURES STONES OF THE

5-363 BIRT

68- 6015 BALTIMORE CITY HEALTH DEPARTMENT

68-6015

BII	TH NO.	L EXAMINACE S	CERTIFICATE OF DEATH REG. NO.				
1.	NAME OF DECEASED	STEWART	2. DATE Known Month Day OF DEATH Estimoted	68 4252A			
FUI	PLACE IN BALTIMORE, MARYLAND, WHERE F L NAME OF (IF NOT IN HOSPITAL OR IN: SPITAL ADDRESS OR LOCATION)		3. DATE Month Day PRONOUNCED DEAD	Year Haur 25Pm.			
OR	8 MARYLAND GE	N. Hosp.	S. USUAL RESIDENCE (Where deceosed lived. If institution: re A. STATE B. COUNTY	sidence befare admission			
6.		RIED NEVER MARRIED U	BALTO D. INSIDE CATY	_/_			
N	DATE OF BIRTH 10. AGE (In years last hirthday) Arch 2, 1902 66 i	If Under 1 Yr, If Under 24 Hrs. Manths, Days, Haurs, Min.	E. STREET AND NUMBER 2419 Callow A	we.			
7	BIRTHPLACE(State or foreign country)	12. CITIZEN OF WHAT COUNTRY? USA	Roland Hill				
dop	.USUAL OCCUPATION (Give kind of work) 14B. KIN eduring most of warking life, even if retired) OMESTIC		Sarah Vaughn				
	WAS DECEASED EVER IN U.S. ARMED FORCE s, no ar unknawn) (If yes, give war ar dates af service		Mrs. Louise Lewis 2914 W. Colo				
	19. 1 7 4 XI	CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not mean the made of dying, e.g., heart failure, osthenio, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: BRETAST,						
VIION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST.	(C)	AS A CONSEQUENCE OF:				
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBL TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)					
	20A. DATE OF OPERATION 20B. CONDITION	***		I. AUTOPSY? (Yes ar Na)			
EDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH.	hame, form, foctary, street, affic	in or about 22C. WHERE DID (If in Baltimore City, give exact to e bldg., etc.)	ocation)			
2	22D. TIME (Month) (Doy) (Yeor) (Haur) 22E.INJURY OCCURED OF INJURY (APPROX.) m. WORK 22E.INJURY OCCUR?						
	23. I certify that I held on Inquiry		topsy ond that on this basis, death in my opi	inion			
	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DATE SIGNED EXAMINER'S ASSOCIATE MEDICAL EXAMINER BY 68						
	A. BURIAL CREMATION, 24B. DATE MOVAL (Specify)	24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, at	r caunty) (Stote)			
25	Burial 6-11-68 A. DATE REC'D BY HEALTH DEPT. 258. 1	Arbutus Mem. NAME OF REGISTRAR		RESS			
VS	151-REV. 1/1/68	9 6 8 0 0	Arlington S. Phillips Fu 173	I N. FIORITOE DU.			



IMPORTANT

FUNERAL DIRECTOR:

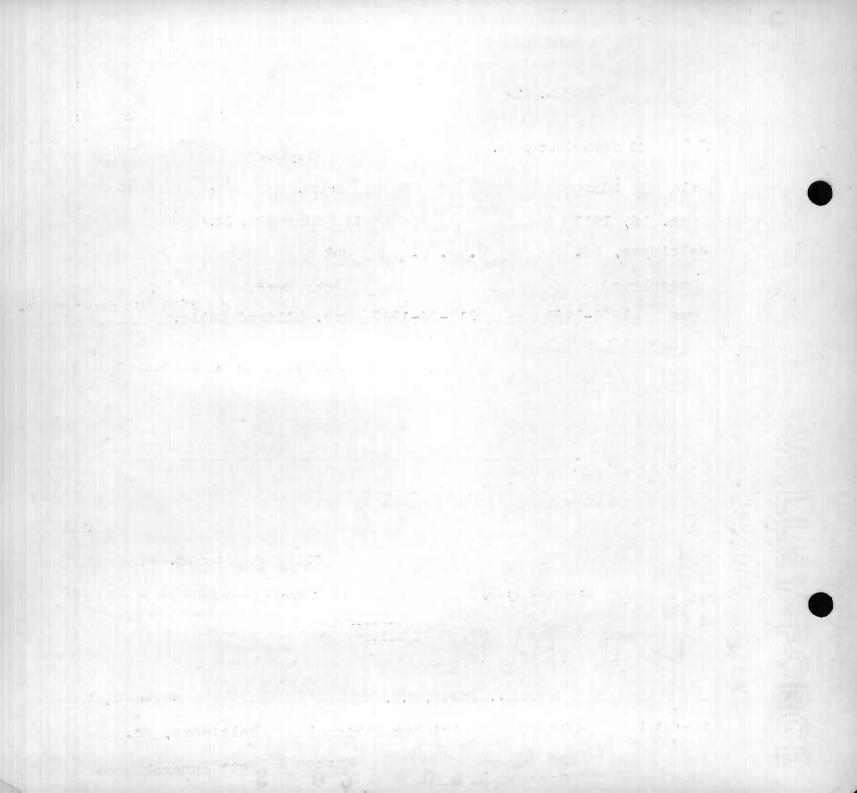
BALTIMORE CITY HEALTH DEPARTMENT

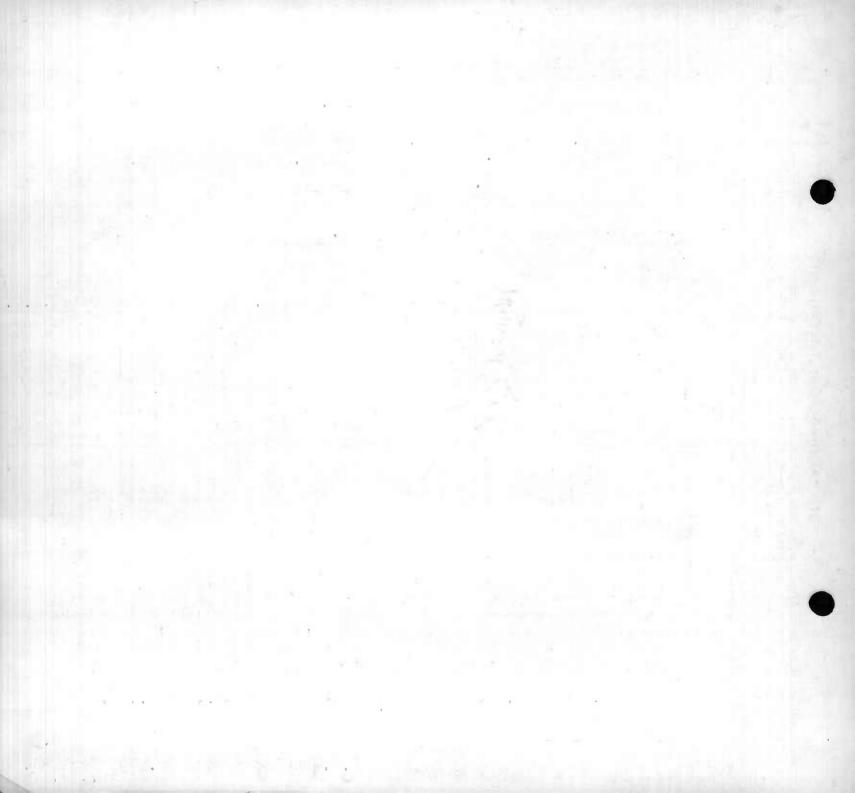
ARREST ACTOR

BALTIMORE CITY HEALTH DEPARTMENT

68-6017

BIRT	TH NO.	MEL	JICAL EX	AMINER 5	LEKTIFI	CATE OF	DEAT	H REG. NO				
1. NAME OF DECEASED (Type or Print)						Knawn St	Manth	Day	Year	Haur	=	
						Estimated	6	6	68	9:10 p M		
JAMES L BYRD 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD							Month	Doy	Yeor	Haur	-	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION						UNCED DEAD	Jun		1968	9:10 p		
2718 Winchester St.						S. USUAL RESIDENCE (Where deceased fived. If institution: residence before admission) A. STATE B. COUNTY Maryland						
6. SEX 7. RACE 8. MARRIED NEVER MARRIED						C. CITY OR TOWN D. INSIDE CITY LIMITS?						
Male		Colored	WIDOWED	DIVORCED [Ва	lto.		YE:	s 🖈 ı	NO -		
9. D	ATE OF BIRTH	f f f o AGE (I lost birthdo		der 1 Yr. If Under 24 Hrs. is, Doys , Hours , Min.	E. STREET	AND NUMBER						
	OCT. 1	6, 1937 31 late or foreign country)		TIZEN OF	2718 Winchester St.							
Ba	altimo	re, Md.	W	HAT COUNTRY?	unk							
14A.	JSUAL OCCU	PATION (Give kind of work	148. KIND OF B	USINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NAM	ΛE				-	
	Jnemple	arking life, even if retired)	1000		E-1	+ n D						
16. V	VAS DECEASE	ED EVER IN U.S. ARMEI	FORCES?	17. SOCIAL SECURITY NO.	18. INFOR	MANT Byrd		AD AD	DRESS		-	
-	ves.	1956-1958	or service)	212-34-134	7 Mrs	s. Mildre	ed Ta	2718 W	inche	ester St	•	
T I	yes 1956-1958 212-34-1347 Mrs. Mildred Talley CAUSE OF DEATH								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY										ľ	
	LEADING TO DEATH (A)IMMEDIATE CAUSE Gunshot wound of the brain											
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)											
	injury or comprised and a man course occurry											
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE										40-1	
Z	UNDERLYING CONDITION LAST. (C)										D-1	
¥	E 9 2 G X II											
일	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL											
CERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PI					JFD.			21 AUTO	PSY? (Yes or No)	_	
빙	2					S TERI GRINES						
¥ 2	22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltin							e City, give exac	YES exact location)			
	UNDERLYING OR CONTRIB-											
Σ	22D. TIME (Manth) (Day) (Year) (Haur) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?										-	
	OF INJURY (APPROX.) 6 6 68 7:000000000000000000000000000000000000										-	
1	I certify that I held on Inquiry Inspection Autopsy XX and that an this basis, death in my apinion											
	resulted from: Natural gauses Accident Suicide XX Homicide Undetermined manner											
	CHIEF MEDICAL EXAMINER											
	SIGNATURE MAD. ASSI						ASSISTANT MEDICAL EXAMINER 😾 DATE SIGNED					
	EXAMINER'S ASSOCIATE MEDICAL EXAMINER											
	NAME (Type) Edward F. Wilson, M.D. Tune									1968		
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county)												
	rial	6/11/	/68	Baltimore	Nation	a1 P	altim	ore M	2			
		BY HEALTH DEPT.		DE RECESTRAR		UNERAL DIRECTO			DRESS			
		IUN 1 0 1968	Robert	E, Janky M.E.	Mor	ton & D	*a-! -					
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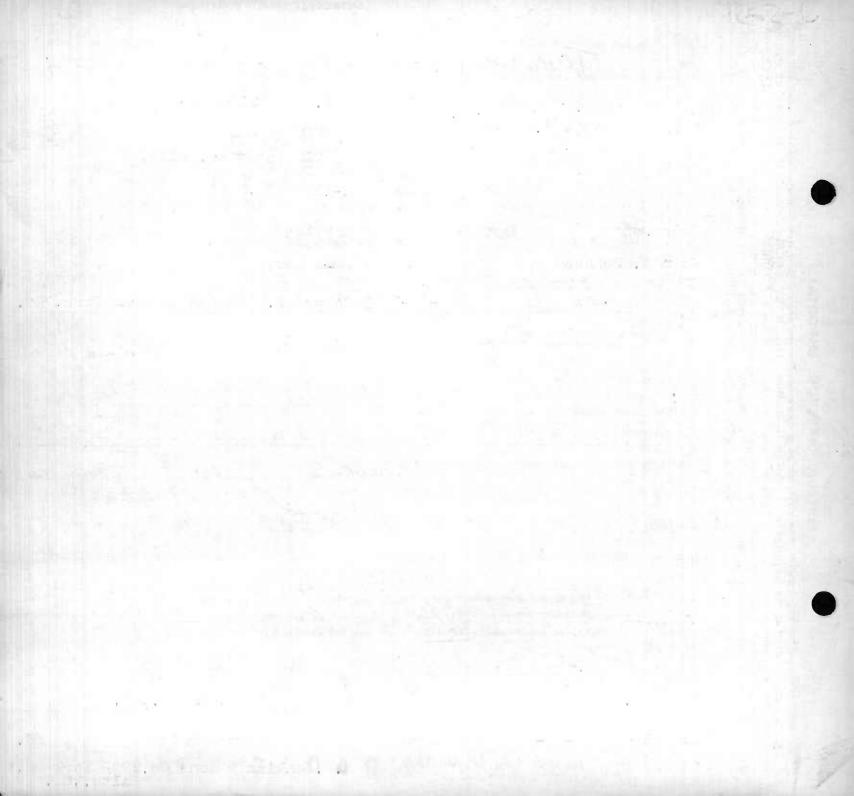




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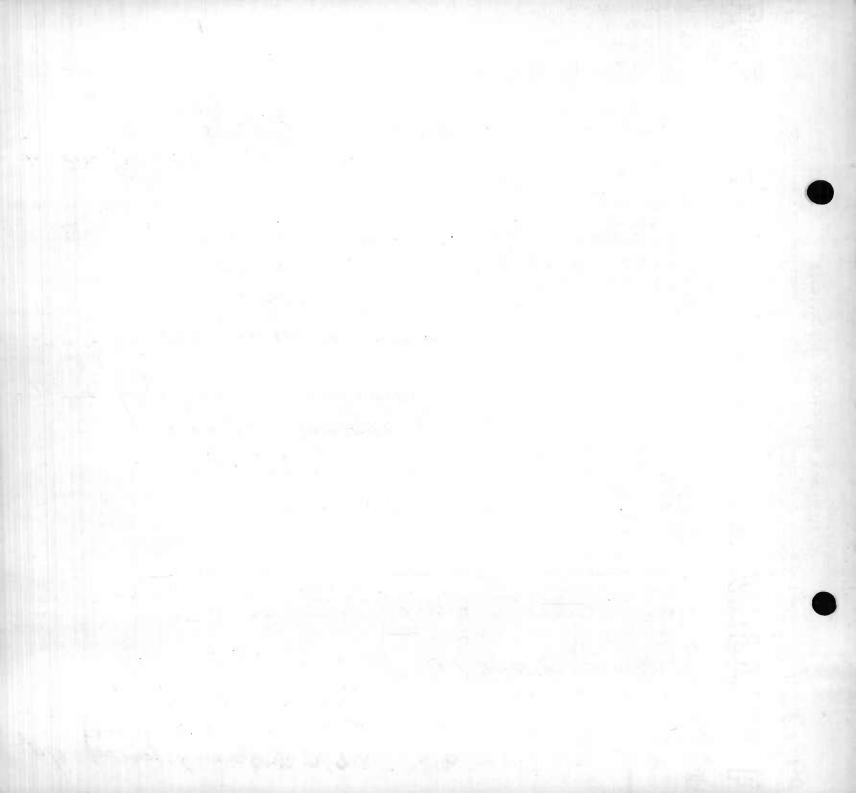
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VS 150-REV. 1/1/6B



7	68- 6122 BALTIMORE CIT	T HEALTH DEPARTMENT
ВІ	RTH NO. CERTIFICA	ATE OF DEATH
1,	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(T	ype of Finity EPH R BRUNE	6-6-68 11'12 8 M
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
		A. STATE B. COUNTY
	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAND BALTIMORES
	OSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN DUND AUR D. INSIDE CITY LIMITS?
	MARYLAND GENERAL HOSPITAL	GITTO BALITIONIE YES NO
	. 10	E. STREET AND NUMBER
	48	7483 BERKShiRE Rd 21224
Š.	SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24 Hrs.
	M WIDOWED DIVORCED	8-1-07 lost birthday) Months Days Hours Min,
-	A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	
	one during most of working life, even if retired)	40
1	ShipfiTER Ship YARD DULD	BALTIMORSE MARYLAND USA.
13	FATHER'S NAME	IN. MOTHER'S MAIDEN NAME
	JUSEPH A BRUNE	KISSNER
-	0 00/21 // // // //	
Y	. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	YES UNKNOWN 213-07-6=	079 CHART.
-	18. CAUSE OF DEA	
	DISEASE OR CONDITION DIRECTLY	E MYOCARIPIAL INFARITION 20 MINIST AND DEATH
	LEADING TO DEATH	30 ////
	(This does not meen the mode of dying, e.g., (A) IMMEDIATE CA	S A CONSEQUENCE OF:
	heart failure, asthenia, etc. II means the disease,	
	injury ar complication which coused death.)	coscleratio Coronary artery Disease
	ANTECEDENT CAUSES	without the total and state
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR A	S A CONSEQUENCE OF:
	rise to the obove couse (A) sloting the	monary Caerna
	UNDERLYING CONDITION Iosi. (C)	
-	. 420.1 II PAST	OP. RESECTION OF CINOMA OF PERCTUM.
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	CINOMA OF PERCTOM
ATL	DISEASE OR CONDITION GIVEN IN PART 1 (A).	
7131	19A DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No!) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CDTIC	19-4-68 CARCINOMA OF KECTUTY	
-	3 21 A. ACCIDENT WAS UNDERLYING	in or obout 21C. WHÉRE DID (If in Baltimare City, give exact location) office bldg., INJURY/OCCUR?
14	DEATH (natify medical examine) etc.)	
010		21F, HOW DID INJURY OCCUR?
AAE	OF INJURY While At	
•	(APPROX.) Work At Wor	
	22. I certify that (1) (this haspital) attended the deceased fram	-26-68 19 to 6-6-65 19
	that (1) (we) last saw the deceased alive an U-U-U-	19 and that In (by) (aur) apinian death accurred an the date
	and haur and fram the causes stated abave. (a) (We) (did) (did not)	view the bady after death.
	28A. SIGNATURE	HOUSE 23B. DATE SIGNED
	In min to 11 Time 1 MO A	tending Med. Staff
	22°C. PHYSICIAN'S	23D. ADDRESS
	NAME (Type)	MARYLAND GENERAL HOSPITAL
	JAMES F. STODDARD M.D.	BALTIMIRK MARYLAND
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	
1	REMOVAL (Specify) 6/10/68 SPERIED HE	FART RALTO. CO., Md
1	JURITY GIUJEU DI	
23	A. DATE REC'D BY HEALTH DEPT. 1258. NAME OF REGISTRAP	Les Contes Dradley, Les Cutt RESS Adt
	Printer Company	The land of the state of the st
-	150-REV, 1/1/68	

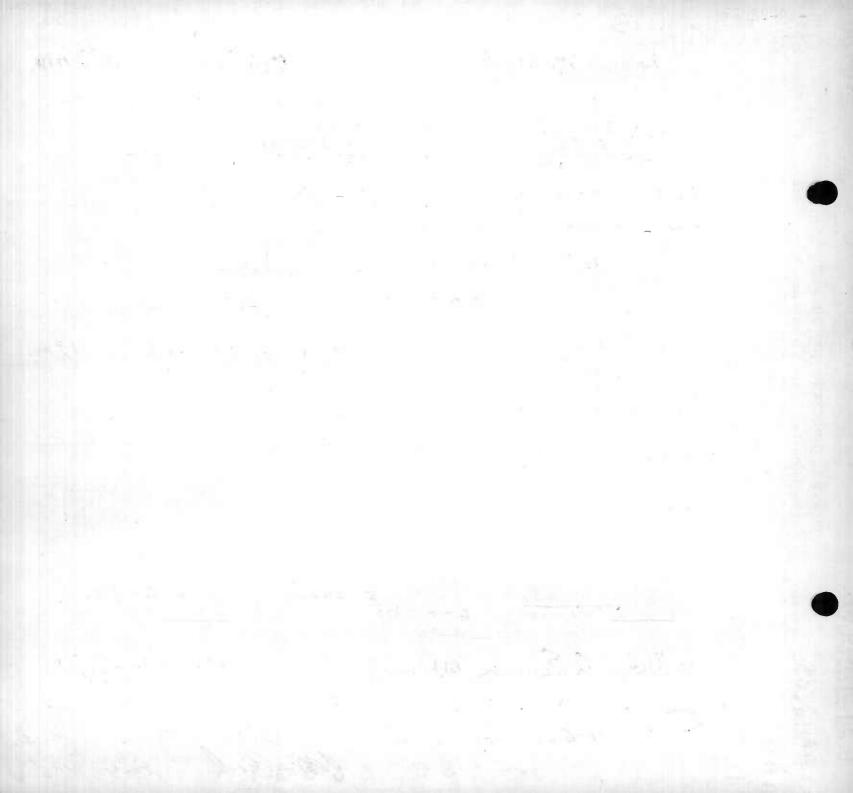


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9	=	2	0	0	0
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a	the body was released to the hospital by a medical examiner. Also, if the direct or contributing ca	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause	was D.O.A. at a hospital (except where the physician who pronounced death was in regular atten	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to	written approval must be obtained before the remains are embalmed or final disposition is made.
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FUNERAL DIRECTOR: IMPORTANT

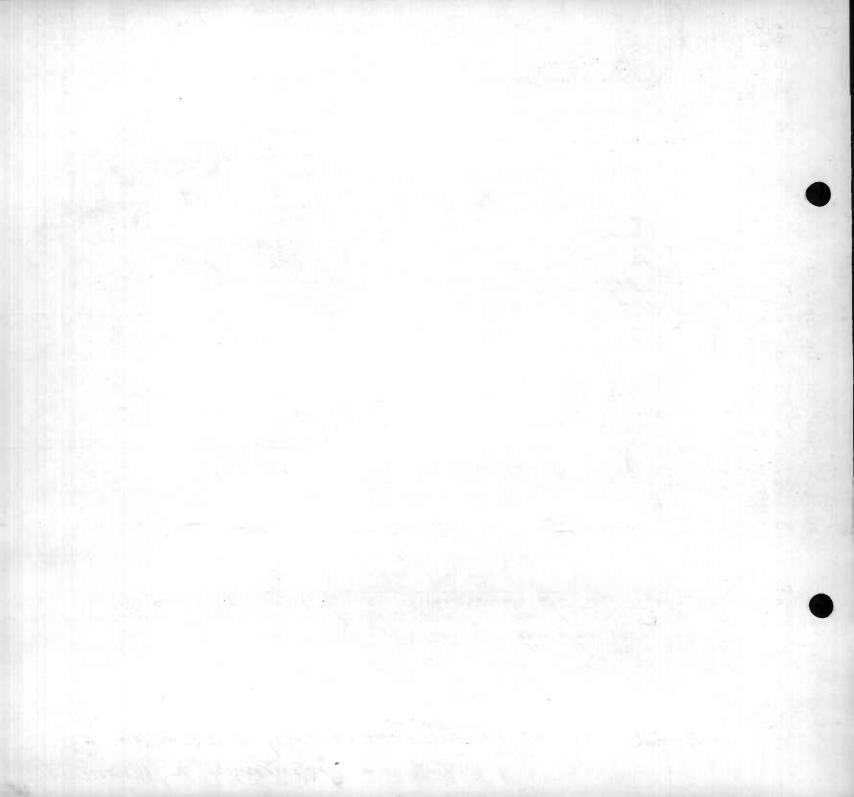
BIRTH NO.	e 3		CERTIFIC	CATE	DF DEATH	REG. NO	00 0020
47 21 4 4	Theen 77	Star	#		6/	6/68	123/AM M
3. PLACE IN BAL	TIMORE MARYLAND	, WHERE PRO	NOUNCED DEAD	4. USL A. STA		YTY	institution: residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HO ADDRESS OR L	SPITAL OR IN:	STITUTION, GIVE STREET		RYLAND	TALBOT (D. IN	SIDE CITY LIMITS?
В	ALTIMORE				STON		YES X NO
. 7	940 EASTE				6 TALBOT	ST. #	21601
5. SEX	6. RACE		ED NEVER MARRIED		OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Female	White	WIDOW	DIVORCED OF BUSINESS OF INDU		-25-49	18	12. CITIZEN OF WHAT COUNTRY
done during most of	working life, even if retir	ed)			HPLACE (State or for	eign country)	
13. FATHER'S NA	Student	Gen	eral Store		RYLAND THER'S MAIDEN NA	MF	USA
I WI ATTER S TO		KENLY	STARTT		- 4 TTO CIT	SAATHOFF	
15. Wos Deceased	ROBERT Ever in U. S. Armed	Forces?	16. SOCIAL	AN.	DRMANT	DANTHOIT	ADDRESS
NO	fir yes, give wor or	dole's of service		378 RE	CORDS_BCH	-4940 EAS	TERN AVENUE
1B. 9 0 6	4,01		CAUSE OF D		JOHD B-DOIL	-1/10 Linb.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
UN DERLYIN 204.3 OTHER SIGNITO THE DEA	e obove cause G CONDITION last. FICANT CONDITIONS IH BUT NOT RELATED ONDITION GIVEN IN	CONTRIBUTING THE TERMIN	(c)				
19A. DATE OF	OPERATION 198.	PERFORMED	OR WHICH OPERATION	20 A	AUTOPSY? (Yes or N	O) 208. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYIN UTING CAUSE OF medical exominer)	ie 🗌	21B. PLACE OF INJURY (home, form, foctory, stre etc.)	e.g., in or obo et, office bldg	121 C. WHERE DID INJURY OCCUR?	(If in Baltim	ore City, give exoct locotion)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Y	eor) (Hour)		While Work	21F. HOW DID IN	JURY OCCUR?	
that (I) (we	last saw the dece	ased alive	od the deceased fram G - 6 - 6 a. (1) (We) (did) (did n	68 1	9and t	hat in (my) (our) of	23B, DATE SIGNED 6-6-68 * 1
23C. PHYSICIA NAME (R. WILLIA	M A. F	MERSON	23D. AD EGREE BCH	4940 EAS	TERN AVEN	21224 UE, BALTIMORE, MD
24A BURIAL) CRE	6-8-	68 2	Aring H	cel	Ch	ston &	City, fown, or county) (State)
25A. DATE REC'D	BY HEALTH DEPT.	258. NAA	AE OF REGISTRAR	250	FUNERAL DIRECTO	0.6	ADDRESS A



IRTH NO.	WED	ICAL EX	AMINER'S	LEK I IFIC	LATE OF	DEAT	REG. NO.			
NAME OF DEC	EASED			2. DATE	Knawn X	Manth	Day	Year	Haur	
'ype or Print)	LEWIS DANNE	R		OF DEATH	Estimated	6	6	68	8:30	DM
PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	3. DATE		Month	Doy	Year	Hour	I ivi.
ULL NAME OF	(IF NOT IN HOSPITA	L OR INSTITUTION	I, GIVE STREET	PRONOU	NCED DEAD	Jun	e 6	1968	8:30	Du
OSPITAL OR INSTITUTION	ADDRESS OR LOCA	IION)		5. USUAL RE	SIDENCE (Where					in)
31	City Hospit	a1		A. STATE	Maryland		B. COUNTY	ARR	a	,
. SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?		
[ale	White	WIDOWED [DIVORCED 4	West	mindster		YES	SEN	10 🗆	
DATE OF BIRTH			r 1 Yr. If Under 24 Hrs. Days , Hours , Min.	E. STREET A	ND NUMBER			X	-1	
IUNE 30	0,1904 63 last birthda			34	West Gre	en St.		3	6-2	7_
1. BIRTHPLACE (S	tote ar foreign cauntry)		IZEN OF	13. FATHER'S	NAME					
CARROL	LCO. ND.		S A	HENI	RY CLH	P P	ANNE	R		
	PATION (Give kind of wark arking life, even if retired)	14B. KIND OF BU	SINESS OR INDUSTRY	15. MOTHER	'S MAIDEN NAM	ΛĒ				
MACHINI	F OPFRATO	o SHOE	FACTORY	Y CO	RA SI	MITH	4			
. WAS DECEASE	ED EVER IN U.S. ARMED	PORCES?	7. SOCIAL SECURITY NO.	IB. INFORM	ANT		AD	DRESS	N	10.
NO	(If yes, give wor ar dates	or service)	216-10-6000	REES	ER.DA	NNE	e WEST	TMINS	TER R	Det!
19.	7 V.		CAUSE OF DEA	TH	1.077		7		ROXIMATE INTE	
DISTAG	OR COMPITION DIRE	CTIV						DETAAC	EN ONSET AND	DEATH
	E OR CONDITION DIRE LEADING TO DEATH	CILT	(A)IMMEDIATE C	Allee Pul	monary em	bolism	complia	ating		
(This daes no	ot mean the made of dy	ing, e.g.,	DUE TO, OR A	AS A CONSEQ						
injury ar com	asthenia, etc. It means the plicotion which caused dec	ath.)		cervica	l spine f	ractur	e			
	NTECEDENT CAUSES	GIVING	(B)	AS A CONSEC	UENCE OF:					
RISE TO THE	OR CONDITIONS, IF ANY	TING THE								
Z	IG CONDITION LAST.		(C)							
E903.	ح اا							7.4		
O THE DEA	IFICANT CONDITIONS CO	THE TERMINAL								
	CONDITION GIVEN IN PA		HIGH ODER ATION W	AC DEDECORAL			***************************************	21 AUTOF	CVO /Vac or	No
ZUA. DATE OF	OPERATION 20B. COI	ADIIION FOR W	HICH OPERATION W	AS PERFORM	ED			ZI. AUTOR	SY? (Yes or	140)
		1000 0	4- 4						es	
	NAL CAUSE WAS	hame, f	ACE OF INJURY (e.g., arm, factory, street, affic	in ar abaut 2: e bidg., etc.) IN	JURY OCCUR?	(If in Baltimare	e City, give exac	t lacation)		
UTING LACA	USE OF DEATH.		Street		Liberty				516-1	20
OF INJURY	(Month) (Doy) (Year		INJURY OCCURRED	2	2F. HOW DID IN.	JURY OCCU	R?			
(APPROX.) 5	68	? m. wo	RK NOT	WHILE K	Subject w	as dri	nking ar	nd fel	1	
23.										
l cert	ify that I held on I	nquiry 📙 📗	nspection Au	topsy	ond that an th	nis basis,	deoth in my	opinion		
result	ed from: Natural cau	ses Acc	ident K Suicio	de 🔛 Ho	micide 🔲	Undetermin	ed monner			
1.071111		11.1/	00	(CHIEF MEDICAL E	XAMINER			DATE SIGNE	-D
SIGNATU	IRE I word	ULE	M.D	ASSI:	STANT MEDICAL E	XAMINER	XX			
EXAMINI	,	1)		ASSO	CIATE MEDICAL E	XAMINER				
NAME (T		N. Kornb							968	
24A. BURIAL CREA REMOVAL (Specif		24C.	NAME of CEMETERY	ar CREMATO	RY 24D.	LOCATION	(City, tawn,	ar county)	(State)	+
BURIA	1 6/10	0/68 3	STONE CHA	PREL CE	METERU	RURK	L, WES	TMIA	USTER	MID
SA. DATE REC'D	BY HEALTH DEPT.	25B. NAME O	F REGISTRAR	25C. F	UNERAL DIRECTO	OR	AC	DRESS	>	
	HIN I A IGES	10 n &	C 2. 12. 00	2	5.3m	1000. 12	land +	21010	to	mx
C 151 P514 2/1 //P	JUN T A 19,00	1 Charles	Can My Melli		7	Jan Jan	110001	nina	cer/	11

(1) 10 (THE PART OF THE PARTY AND ADDRESS.

			- 00	BALTIMORE CITY	HEALTH DE	PARTMENT		68-	- 6025
BID	TH NO.	68	3- 61	25 CERTIFICA	TE OF	DEATH	REG. NO	00	6923
1, N	AME OF DEC						D HOUR OF DEATH		000
3. 1	PLACE IN BAL	LTIMORE MARYLAND, W				ESIDENCE (When	e deceased lived. If	. /	ence before admission)
FU	LL NAME OF			TUTION, GIVE STREET	Md.		anoll		56-27
INS	NOITUTIT				C. CITY OR TO	etminici	D. IN	SIDE CITY LIMIT	s?
- (NIVER	esity of 1	MARYL	AND HOSP.	E. STREET A	ND NUMBER 7 Som	The Cent	te Si	
5. S	EX	6. RACE	7. MADDIED	NEVER MARRIED	8. DATE OF E		9. AGE (In years	II Under 1	Yr. II Under 24 Hrs.
	F	N	WIDOWED	DIVORCED		1-18	lost birthdoy	Months Do	ys Hours Min.
		UPATION (Give kind of work working life, even if retired)	108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLA	CE (State or forei	gn country)	12. CITIZEN	OF WHAT COUNTRY?
uon	House	- 1			/	Md		U	'SA
13.	FATHER'S NA	ME				S MAIDEN NAM			
	Lute	Zen S. Cro.	er		E	ller 1	Myera		
		d Ever in U. S. Armed For		1 6. SOCIAL SECURITY NO.	17. INFORMA		-	AD	DDRESS
	1	0	- 0. 0011106/	219-20-3133	C	Rant			
	18-			CAUSE OF DEAT	Н				PPROXIMATE INTERVAL
	DISEA	SE OR CONDITION DI	RECTLY	50	t. 0	f . 0	andraadi	Li BETW	VEEN ONSET AND DEATH
	/This days	LEADING TO DEATH	4.5	(A) IMMEDIATE CAL				(6 weeks
	hearl foilure,	not meon the mode of osthenio, etc. It meons	the diseose		A CONSEQUEN				
		mplication which coused	deoth,)	Po	+	- 60	t desea	- 0	>
		ANTECEDENT CAUSES		(B) / (Le	unale		1 Care		-
		OR CONDITIONS, if			A CONSEQUE	NCE OF:			
		G CONDITION lost.	oroning the	(C)					
7	401.1	11	70.01				B B T		
ATION	TO THE DEAT	FICANT CONDITIONS CO TH BUT NOT RELATED TO T	HE TERMINAL						
CA	DISEASE OR C	F OPERATION 198. CON	T 1 (A).	WHICH OPERATION	20 A. AUTC	OPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CO	NSIDERED
CERTIFIC	0 -	WAS PERI	FORMED	-			IN CERTIFYING C	AUSES OF DEA	TH?
	OR CONTRRIBE	NT WAS UNDERLYING	21	B. PLACE OF INJURY (e.g., i	n or obout 21 C.	WHERE DID	(If in Boltime	ore City, give ex	oct location)
AL	DEATH (notify	UTING CAUSE OF medical examiner	ho	me, lorm, foctory, street, o	mice bidg., INJU	OKT OCCUR!	and a		
$\overline{}$	21D. TIME	(Month) (Doy) (Year)	(Hour) 21	E. INJURY OCCURRED	21 F.	HOW DID INJ	JRY OCCUR?		
MEDI	OF INJURY (APPROX.)			hile At Not While	е				
		A (1) (6:-1		ork At Work	- 11		0.68	-1	e 1968
				the deceosed from		/	9 68 10	yun	
	that (I) (well						or in(my) (our) or	ornfon deoth o	occurred on the dote
			ed obove.	(I) (We) (did) (did not)	iew the body	y ofter deoth.		DOD DATE OF	CNED
	23A. SIGNATU	Carle MI		M.A. Atte	ending 🖂	Med.	Stoff I	23 B. DATE SI	
	22.0 8(1961-61	and of a	nen	DEGREE Phy	s. —		Staff Phys.	1 3 /	ne 68
	PHYSICIA NAME (1	STANLEY	Mo	81C M.D.	23D. ADDRESS	in. of	Md. H	ozy ta	2
24A	BURIAL CRE	MATION, 248. DATE	24C.	AME I CEMETERY OF CR	EMATORY	24D. LC	CATION (C	City, town, or co	ounty) (Stote)
1	BAIN AL	6/10/6	8 ET	ERNAL HOP	F CEM	PTFRU	FINKER	CIRG	mx
25 A	. DATE REC'D	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C, FUNI	ERAL DIRECTOR	1101312	010.	ADDRESS
		HIN 1 0 1968	12 M. 1	6 P Stall 100	all	osnin	ness, &	Mart	minute Mg
_	150-REV. 1/1/	68	TIPAGET.	The second second	9	1 '0	1 / /	NV DO	van de 1



68- 6026 BALTIMORE CITY HEALTH DEPARTMENT

EDICAL	EXAMINER'S	CERTIFICATE OF	DEATH	00-	6026
			REG. NO.		

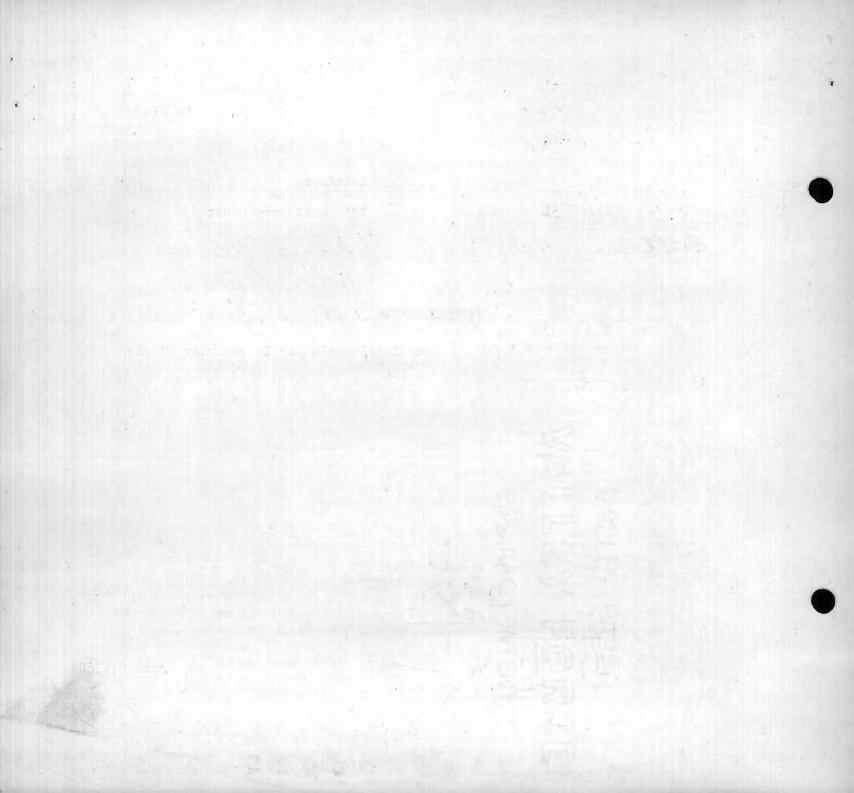
BIR	TH NO.		MILL	ICAL	. L/\/	AMII YER 5	CLKIIII	CAIL	Oi	DLA	REG. NO	D	
	NAME OF DEC	EASED					2. DATE	Known	200	Month	Doy	Yeor	Hour
(Тур	e or Print)	177	TUANT	m77 3.4T	TTED		OF	Estimote		L			
4 5	PLACE IN BAL		LIZABE			NCED DEAD	3. DATE			Month	10 Day	-68 Yeor	9:06 a M.
	L NAME OF					, GIVE STREET		UNCED DEA	AD	14(0)1111			0.06
HOS	PITAL	ADDRE	SS OR LOCA	TION)		, OTTE OTHER				June	10	1968	9:06 a M.
OK	Mainolon						A, STATE	ESIDENCE	(When	re deceosed	lived, if instituti B. COUNTY		before odmission)
	34	Ron	Secou:	rs Ho	snits	1	7. 31212	Mary1	and	1	B. CO01411		
6. 5	EX	7. RACE	DCCCG.			NEVER MARRIED	C. CITY OR				D. INSIDE	CITY LIMITS?	
				1				.1.				- 0	
	emale	White	10. AGE (I	WIDOV		DIVORCED L		alto.	OFD.			YES Z	NO .
		'	lost birthdo		Months :	Doys Hours Min.						10	-05
		1887	80				312	So. S	ma 1	1 wood	St. C	70	07
f1.1	BIRTHPLACE (S	tote or foreig	n country)			ZEN OF	13. FATHER	SNAME					
	MA	RYLA.	ud		WH	AT COUNTRY?		11	1.	Kno	cal ml		
	USUAL OCCU	PATION (Give	kind of work	14B. KIND	OF BUS	INESS OR INDUSTR	Y 15. MOTHE	R'S MAIDE	V NA	ME			
done	during most of w	vorking life, ev	en if retired)	7		. + '			. 1	W.	1		
16	WAS DECEASI	ED EVED IN	ILS ADME	FORCE	SME	SOCIAL	18. INFOR	AANIT	u	nan	Low in	ADDRESS	
	, no or unknown)	(If yes, give v	vor or dotes			SECURITY NO.	I I I OK	, ,					: 01
	No	N	ONE		-	14-12-11631		gINIA	14	LLER	312		
	14.	1/00				CAUSE OF DEA	TH						PPROXIMATE INTERVAL
	DISEAS	E OR COND	ITION DIRE	CTLY		Arterios	cleroti	c card	iov	ascula	r dises	ise	
		LEADING TO	DEATH			(A)IMMEDIATE							
		ot meon the , osthenio, etc.					AS A CONSEC	UENCE OF:			***		
	injury or com	nplication which	h coused de	oth.)									
		VIECEDENT				(B)DUE TO, OR	AS A CONSE	OUENCE OF					***********************
	RISE TO THE	OR CONDITION	USE (A) STA	TING THE		DOE 10, OK	AJ A CONSE	AOFIACE OL					
z	UNDERLYIN	IG CONDITI	ON LAST.			(c)	******						
암	x 811	14-	II						_				
X		FICANT CON					_						
ᆵ		CONDITION				Rupt	ure of	spleen					
CERTIFICATION	20A. DATE OF	OPERATION	1 20B. COI	NOITION	FOR WH	ICH OPERATION W	AS PERFORA	\ED				21. AUTO	OPSY? (Yes or No)
0	2)												YES
CAL	22A. EXTERI	NAL CAUSE	WAS	_	22B. Pl A	CE OF INJURY(e.g.	in or ohout	2C WHERE	DID	(If in Boltim	ore City give a	voct location)	4.6
의	UNDERLYING				home, fo	rm, foctory, street, offi	ce bldg., etc.) I	NJURY OC	CUR?	(ii iii boiiiii	ord City; give c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20-03
MED	UTING L CA			1 (1)	l loos	Street		Smallwo	ood	St. a	nd McHe	nry St	•
	OF INJURY	(Month) (D	oy) (Yeo	r) (Hou		INJURY OCCURRED	MHITE (2F. HOW D	יוו טוי	NJURY OCC	LUR?		
	(APPROX.)	6 7	68	6:451	Om. WHIL	K A AT	VORK X	Passer	nge	r in a	uto-aut	o col1	ision
	23.				-								
	I certi	ify that I h	eld on I	nquiry [spection A	topsy XX	ond tha	ton	this basts	, deoth in m	y opinion	
	rosult	ted from: N	atural cou	sos 🗌	Acci	dont XX Suici	de 🔲 H	omicide _]	Undeterm	ined monner		
		./	7		11	, , ,		CHIEF MED	ICAL	EXAMINER			
	ACTUAL	1	ander	11	11/2	who have	ASSI	STANT MED	ICAL	EXAMINER	xx		DATE SIGNED
	SIGNATU		W VI	- 17	for	M.I),	CIATE MED					
	NAME (T		Pone	ld N	17.0 **	nblum, M.D	ASSC	CIATE MED	ICAL	EAAMIIVEK		10	1060
244	BURIAL CREA		4B. DATE	TO N	24C.	NAME of CEMETERY	or CREMATO	ORY	124D	LOCATIO		une 10	
REA	MOVAL (Specif	(x)				/	-		-		_ +	,,	11
	BURI	AL	6-13	-68		Loudon	TARI			BALT	IMOR	5, A	KY
25A	. DATE REC'D	BY HEALTH I	DEPT.	25B. N	JAME OF	REGISTRAR	25C.	FUNERALD	IRECT	TOR LA	WERAL	ADDRESS	2
		IIIN 1	0 1968	D 0	1. 1	2 For One	7		0	· Chi	2101	for s	wie & aus
/C 1	1 DEW 1/1/40	9911	1900	AN	The same		1/6	water	Y	Truck	20 -101	1 / week	776

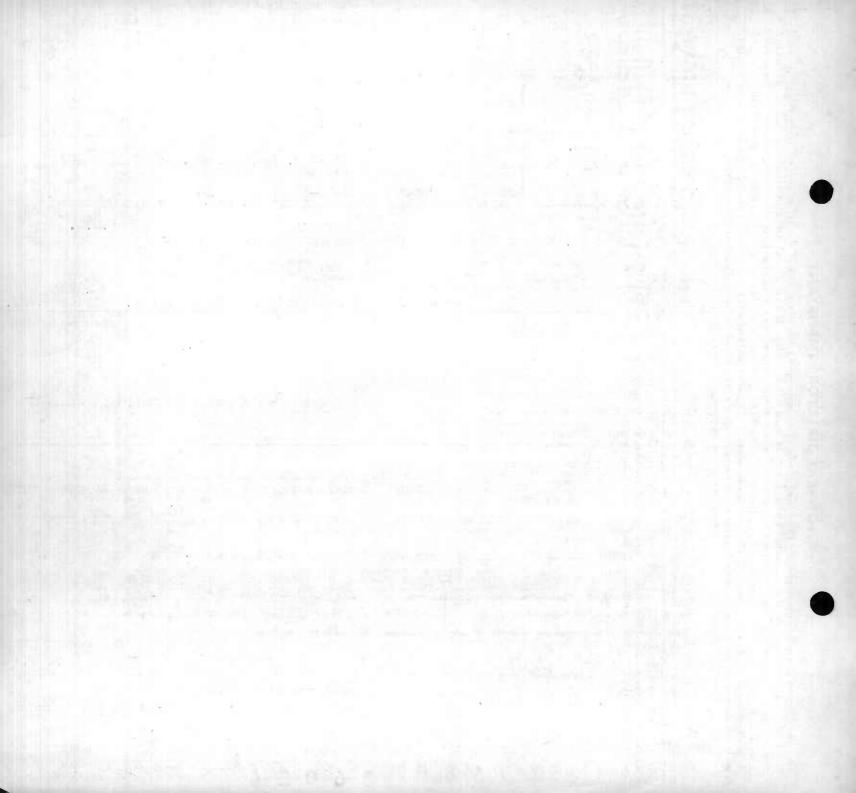
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68- 6027 BALTIMORE CITY HEALTH DEPARTMENT

TH	DEC NO	68-	6027
	DEC NO		

RI	RTH NO.		WED	ICAL I	XAMINER	S CI	EKIIF	CATEO	DEAT	H REG. NO.	00	00	961
<u> </u>	NAME OF DEC	EASED				[]2	2. DATE	Known 🔽	Month	Doy	Year	Hour	
(Ty	pe or Print)	Dorothy	Ortiz	1	0.		OF DEATH	Estimoted [168) A.M.
4.					NOUNCED DEAD	3	B. DATE		Month	Doy	Yeor	Hour	M.
HC	LL NAME OF SPITAL INSTITUTION	(IF NOT	TIN HOSPITA	L OR INSTITUTION)	TION, GIVE STREET			UNCED DEAD	June	8, 19	968	4:00	M.
3		Johns H	lopkins	Hospi	tal		A. STATE	RESIDENCE (Whe	re deceosed li	B. COUNTY	: residence	before odmi	ission)
6.	SEX	7. RACE		8. MARRIED	NEVER MARRIE	D 🗆	C. CITY O	RIOWN		D. INSIDE	TY LIMITS?		-
	F	C		WIDOWED			Balti	more		YE	s X	NO 🗆	- 7
9.	DATE OF BIRTH		10.AGE (In lost birthdoy	yeors if Mo	Under 1 Yr. If Under 2 onths; Doys; Hours	4 Hrs. E		AND NUMBER					
	10129		lost birthdoy					McElderr	y Court				
111.	BIRTHPLACE(S	tote or foreig	n country)	2 . / 12.	CITIZEN OF WHAT COUNTRY?	1	3. FATHE	'S NAME	00				
1	Delle	nure	01	rex	11. A.H.		M	mes	seed	nes			
dor	USUAL OCCUI	PATION (Give rorking life, eve	kind of work I en if retired)	14B. KIND O	FBUSINESS OR IND	USTRY	15. MOTHE	R'S MAIDEN N	ME.				
							Wi	la 1	w				
16. (Y e	was DECEASI s, no or unknown)	(If yes, give w	J.S. ARMED or or dotes	FORCES? of service)	17. SOCIAL SECURITY NO		8. INFOR	MANT	00	AI.	DRESS		01
	110		100		E and the same of the same of	44.4	Cas	celler	Kea	00/8.	52h	lay	SI
	19.4/6	271			CAUSE OF	DEATH	1		0		BET	WEEN ONSET	NTERVAL AND DEATH
		E OR CONDI		CTLY	Arte	rios	clerot	ic cardio	vascu	lar dise	ase		
		LEADING TO of meon the		200	(A)IMMED								
	heort foilure,	osthenio, etc.	It meons the	diseose,	DUE TO	O, OR AS	A CONSEC	QUENCE OF:					
	migry or com	rpinconon winc	ii cousea de o	.,									
		TECEDENT ((8)		A CONG						
	RISE TO THE	ABOVE CAL	JNS, IF ANY	, GIVING ING THE	DOETO	J, OK AS	S A CONSE	QUENCE OF:					
Z	UNDERLYIN	IG CONDITION	ON LAST.		(C)					******			
CERTIFICATION	422.	/	11				12.1				\rightarrow		
0	TO THE DEA	TH BUT NOT	RELATED TO	THE TERMINA									
ZIII		CONDITION			R WHICH OPERATIO	NI WAS	DEDECOR	AED			21 ALIT	OPSY? (Yes	or No
CE	7	OFERANON	LVD. COIN	IDINOIN FO	K WHICH OPERATIO	NA MAS	PERFOR	WED					or No)
₽ V	22A. EXTERN	NAL CAUSE V	NAS	122B	PLACE OF INITION	lla a in	os about	22C WHERE DID	/If in Quitimos	o City styre sug	1	No	
	UNDERLYING	OR CONT	TRIB-	hon	.PLACE OF INJURY ne, form, foctory, stree	et, office b	oldg., etc.)	NJURY OCCUR?	(It in politimos	re Ciry, give exo	ct rocotion)		
MED	UTING L CAL		TH. oy) (Yeor) (Hour)	22E.INJURY OCCUI	RRED		22F. HOW DID 11	NJURY OCCI	IR?			
	OF INJURY (APPROX.)		.,		WHILE AT	NOTW	HILE C						
	23.		-	m.	WORK L	AT WO	RK L		* h = 1				
	l certi	ify that I he	eld on Ir	nquiry 🗌	Inspection 🔀	Auto	psy 🗌	ond that an	this basis,	deoth in my	opinion		
	result	ed from: No	oturol cous	ses X	Accident S	Suicide	□ н	omicide 🗌	Undetermi	ned manner			
		6 11	1 1/	1				CHIEF MEDICAL	EXAMINER				
	ACTUAL SIGNATU	IDE IN 105	SAIR	11-1			ASS	ISTANT MEDICAL	EXAMINER	X	- 0 1	DATE SIG	NED
	EXAMINE	1/00-	+ w	1	N.	<u></u> m.D.	ASS	OCIATE MEDICAL	EXAMINER	Jun	e 8,1	.968	
	NAME (T	уре)	Wer	ner W	Spitz, M.	D.	,,,,,,		ENG WITH TER				
	A. BURIAL CREM		48. DATE	12	4C. NAME of CEME	TERY or	CREMATO	ORY / 240	LOCATION	(City, town	, or county	() (Sto	ote)
1	him	0 1	2 12	62	14/11	11,	, /	1.1	The	10/18	12	2.5	
	-CUILLE		0 10-	00	119 001	NAN	4 1	WW	/ ///	VID	//	0	
25	A. DATE REC'D	BY HEALTH D	EPT.	258. NAM	E OF REGISTRAR	w	25C.	FUNERAL DIREC	TOR	Al	DDRESS	a	
25	A. DATE REC'D	BY HEALTH D	DEPT.	258. NAM	E OF REGISTRAR	on M.B.	255	FUNERAL DIREC	TOR	AI	DDRESS	a H	40





25.00 respirating arrest Reporter Josephan

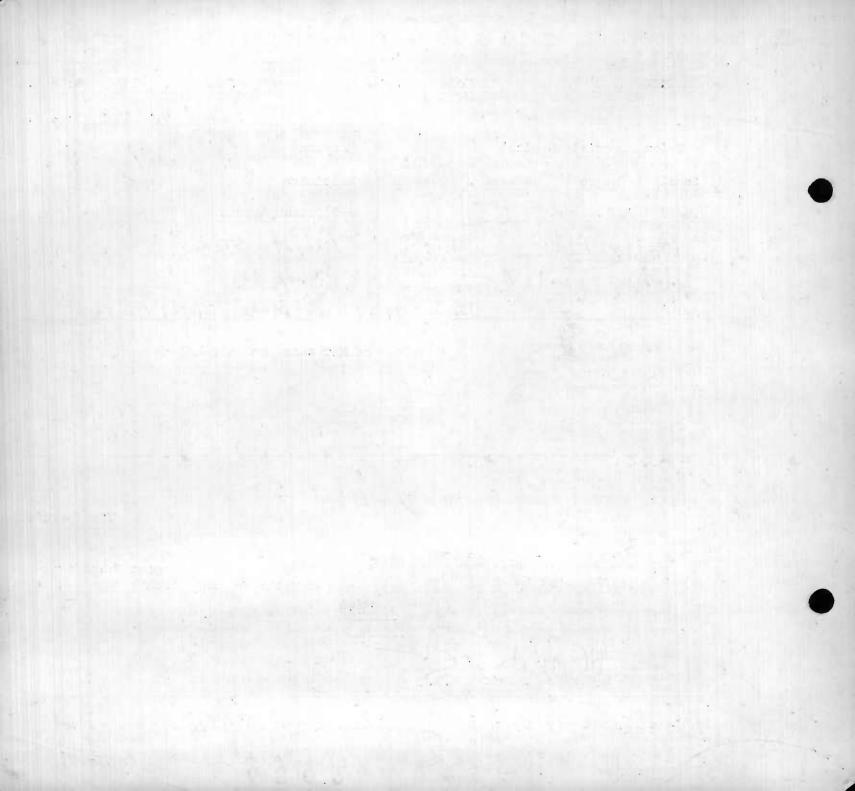
VS 150-REV. 1/1/68

a hospital and

BALTIMORE CITY	Y HEALTH DEPARTMENT REG. NO. 68-6030
BIRTH NO. 68- 6000 CERTIFICA	ATE OF DEATH REG. NO.
1 NAME OF DECEASED	2 DATE AND HOUR OF DEATH
(Type or Print) LEWIS A. GAISSIN	6-6-68 12.35 p.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	margland 10-01
INSTITUTION	Beltomore D. INSIDE CITY LIMITS? YES WO
Church Home and Hopital	E. STREET AND NUMBER
35	903 & Chave &
S. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs Months; Doys Haus; Min.
nde Daro WIDOWED DIVORCED	9-30-19 48
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if relired) When place	Vingraie 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CGB GABBIN	LILLIE THOMPSON
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
n	Wille mark same
18. S S CAUSE OF DEAT	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Morrie Paris Off
(A)IMMEDIATE CA	A CONSEQUENCE OF
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	HEWDER CHILDING
ANTE CEDENT CAUSES	hoosie glomerulo nertules
	S A CONSEQUENCE OF:
rise to the above cause (A) stating the	N
UNDERLYING CONDITION last, (C)	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	991
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21B. PLACE OF INJURY (e.g., home, form, foctory, sheet, cet.)	office bidg. NJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) While At Not Whi Work At Work	
22. I certify that (1) (this haspital) attended the deceased fram	5-26 1968 to 6-6-68 19
that (1) (we) last saw the deceased alive an 6-6-68	
and haur and from the causes stated above. (1) (We) (did) (did nat)	
23A. SIGNATURE	238 DATE SIGNED
I CA LA	rending Med. Staff ys. Director Phys. 677-68
23C.PHYSICIANS NAME (Type)	23D. ADDRESS
Richardo W. Lukcon Mil	
	REMATORY 24D. LOCATION (City town, or county) (Stote)
Brance (Specify) (2-12-68) One se Opere	& Vost Gorseleux 1/11.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SC. FUNERAL OREGOR
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	O GUELLE THE THE TOTAL STATE OF THE PARTY OF

66- 6.8 THE THEO I M alway (My ustar) 4 abourses

2711.510	MED	OICAL E	XAMINER'S	CERTIFIC	CATE OF	DEATH	REG. NO.	68-	603	1
RTH NO.	PACED			U. n.s.						
NAME OF DEC	EASED	CR	OXTON	2. DATE OF DEATH	Known 🔯	June	9,	1968	5:08	A
PLACE IN BAL	TIMORE, MARYLAND, V	VHERE PRON	OUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	744,
ULL NAME OF DSPITAL R INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITUT	ION, GIVE STREET		NCED DEAD	June	9,	1968	5:08	
KINSIIIUIIUN				5. USUAL RE	SIDENCE (Where		COUNTY	n: residence be	fore odmissi	on)
Union	Memorial Hos	pital		Mary	land	0.	COUNT	4)/	
SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR	TOWN	ſ	. INSIDE C	ITY LIMITS?	0	
female	negro	WIDOWED	DIVORCED [Balt	imore		Υ	ES X N	0 0	
DATE OF BIRTI	H 10. AGE (Inst birthdo 42		nder 1 Yr. If Under 24 Hrs. iths: Doys: Hours: Min.		nd number Gutman Av	enue			,	
BIRTHPLACE (S	state or foreign country)	12.	CITIZEN OF	13. FATHER	NAME					
BA	Ho. Md.		WHAT COUNTRY?	19	obert	STOKE	23			
	vorking life, even if retired)	No.	BUSINESS OR INDUSTRY	Y 15. MOTHER	a 1 1	e c				
WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	17. SOCIAL	18. INFORM	ANT		A	DDRESS		
N S	(If yes, give wor or dotes	or service)	120 - 20 - 5244	MAU	de Stok	(6)	2149	Barchan	sr.	
19.	140.5		CAUSE OF DEA	1 1				ARM	OXIMATE INTE	
DISEAS	E OR CONDITION DIRE	CTIV						BEIWE	EN ONSEL AND	DEATH
	LEADING TO DEATH	CILI			hadone an	d Alcoh	ol			
heart failure	ot mean the mode of dy , ostherio, etc. It means the application which coused de	e diseose,	(A)IMMEDIATE O	AS A CONSEQ	JENCE OF:				o mardin điể điể điể điể điể điể điể điể điể min man	ns date date somewhat som date date if
		,								
	NIECEDENT CAUSES		(8)	AS A CONSES						
RISE TO THE	OR CONDITIONS, IF ANY	TING THE	DUE 10, OK	AS A CONSEC	WENCE OF:					
UNDERLYIN	NG CONDITION LAST.		(c)		~					
	O 18 II									
	ATH BUT NOT RELATED TO CONDITION GIVEN IN P.							***************************************		
20A. DATE OF	OPERATION 208. COI	NDITION FOR	WHICH OPERATION W	AS PERFORM	ED			21. AUTOP	SY? (Yes or	No)
12								Yes	(pari	tial)
	NAL CAUSE WAS	228.	PLACE OF INJURY(e.g., e, form, foctory, street, office	in or obout 2	C. WHERE DID (If in BoltImore	City, give ex	oct location)		
	SOR CONTRIB- USE OF DEATH.	hom	e, form, foctory, street, office home	e bldg., etc.)	665 Gutm	A .				
22D. TIME	(Month) (Doy) (Year	r) (Hour) 2	2E INTURY OCCURRED	2	F. HOW DID IN			sted ar	MYOVA'	rdose
(APPROX.)	6/6/68 UNK		WHILE AT NOT	WHILE K	of Methad	one and	_		III V C	14030
23.	0/0/00 0111	m.]			or Mernau	one and	AICUI	101		-
l cert	ify that I held an I	nquiry 🗌	Inspection Au	rtia i	ond that on th	als basis, d	eoth in my	opinion		
result	ted from: Notural cou	ises A	ccident Sulcid		micide 🔲 1	Undetermine	d manner			
		. /			HIEF MEDICAL E		7			
ACTUAL	11110 1	01	mx !	ΔS S19	TANT MEDICAL E		X		ATE SIGNI	ED
SIGNATI	1/0		M.D).			7	6	5/9/68	
EXAMINI NAME (T		U. Spit	M.D.	ASSO	CIATE MEDICAL E	AAMINEK L	_		, , , , ,	
A. BURIAL CRE	MATION, 248. DATE	24	C. NAME of CEMETERY	or CREMATO	RY 24D. I	LOCATION	(City, tow	n, or county)	(Stote)
BURIAL	6 111	-48	MT. Calvany	am.	1	sack1	4.4		moli	
A. DATE REC'D	BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25C. F	UNERAL DIRECTO	OR .	/ /	ADDRESS		,
	JUN 1 1 1968	Rober	& E. Farber	# E/	my 0 .	Walso	- 1000	Bom	They is	he.
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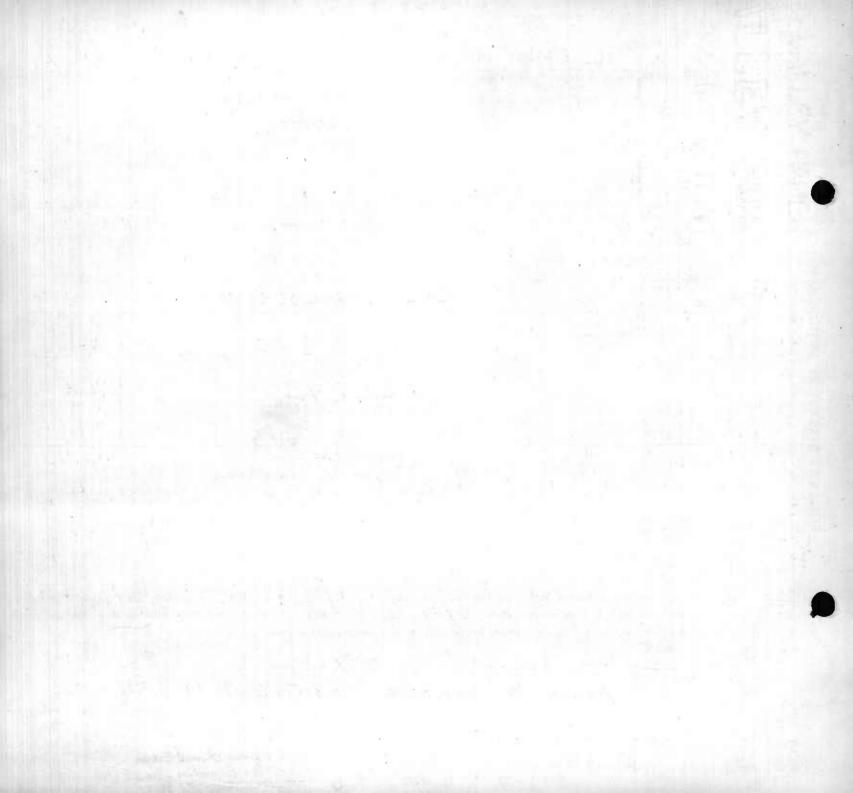
68- 6032 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH PEG I	68-	603
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BIR	TH NO.	ME	DICA	EXAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.	8- (6032	
1. NAME OF DECEASED						Known X	Month	Day	Year	Haur	
(Type or Print)						Estimoted					
RUTH PARSONS					3. DATE	Estimoted	6	10	68	7:00 а м.	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)						UNCED DEAD	Month June	10 1	Year L968	7:00 am.	
2300 W. North Ave.						ESIDENCE (When					
6. 5		RACE			TIC. CITY OF		u	. INSIDE CI	TV HALTS		
F	emale	Colored	WIDO	WED DIVORCED	Ba1	to.		1	ES 🗆	NO	
	ATE OF BIRTH	lost birt	(In years	If Under 1 Yr. II Under 24 Hr Manths Doys Haurs Mi	n,	300 W. No	rth Aw	Α.			
11. BIRTHPLACE (State or lareign contry) 12. CITIZEN OF WHAT COUNTRY?					13. FATHER	13. FATHER'S NAME Anthrough					
144	IISHAL OCCUP	ATIONI(Give kind al.	orkijar vinu	D OF BUSINESS OR INDUST							
		rking lile, even if retire		D OF BUSINESS OR INDUS	KI 13. MOTHE	K 3 MAIDEN IVA	ME				
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na ar unknown) (If yes, give wor or dotes of service)						WANT (Sac	Sprs Al	DDRESS		
	19. 4/1	14,		CAUSE OF DE	ATH	1				PPROXIMATE INTERVAL	
	DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular disease										
		ADING TO DEATH		(A)IMMEDIATI							
	(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)										
	DISEASES OF	R CONDITIONS, IF ABOVE CAUSE (A)	STATING THE		R AS A CONSE	QUENCE OF:					
Z	UNDERLYING	G CONDITION LAS	Т.	(C)							
CERTIFICATION		II FICANT CONDITIONS									
프		H BUT NOT RELATED ONDITION GIVEN II								des qu'en sub-ritie sur des	
7	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA					AS PERFORMED				21. AUTOPSY? (Yes or No)	
ប											
EDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- 22B. PLACE OF INJURY (e.g., i home, farm, factory, street, affice					n or abaut 22C. WHERE DID (If in Baltimore City, give exact lacation) bldg., etc.) INJURY OCCUR?					
Σ			'ear) (Hau		>	2F. HOW DID IN	JURY OCC	UR?			
	OF INJURY (APPROX.) m. WHILE AT NOT WHILE AT WORK										
	23. I certify that I held an Inquiry Inspection XX Autapsy and that an this basis, death in my apinian										
	resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner										
	ACTUAL	- O lund	14	Verble.	_ ASS	STANT MEDICAL		☐ *		DATE SIGNED	
	EXAMINER'S ASSOCIATE MEDICAL EXAMINER										
	NAME (Ty			N. Kornblum, M.					e 10,	1968	
	BURIAL CREMA		13,68	24C. NAME of CEMETER	Y ar CREMATO	Natura 1	LOCATION	Clips town	e /	Mry (State)	
25A	DATE REC'D B	Y HEALTH DEPT.	1	NAME OF REGISTRAR	25C.	FUNERAL DIRECT	OR	0 - A	DDRESS		
	16	IN 11 1968	Rolm	ut E. Falleyne		Weich	The state of the s	The sept	o a	grose -	
VS 1	151-REV. 1/1/6B		4	1 0 0 0	0	-	1	11/1	LYM	100	

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MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 68-6035									
I. NAME OF DECEASED (Type or Print) MINNIE DEAN	2. DATE Known X Month Doy Yeor Hour DEATH Estimoted June 6, 1968									
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	June 6, 1968 12:20 A.M. S. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY									
6. SEX 7. RACE B. MARRIED TO ALEXANDER TO	Maryland C. CITY OR TOWN D. INSIDE CITY DWIS?									
6. SEX 7. RACE B. MARRIED MEY MERRIED WIDOWED DIVORCED D	Baltimore YES X NO									
9. DATE OF BIRTH 10. AGE (In years) If Under 1 Yr. If Under 24 Hrs. 10st birthday) Months, Days, Hours, Min. 60	E. STREET AND NUMBER									
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	ED WIN .T, BOTTS									
done during most of working life, even if retired) House In the Mark Flance Flance Flance Gulder										
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grunknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO. 18. INFORMANT STEEL SECURITY SECUR										
(this does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERLYING CONDITION LAST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE CARCINOMA OF PANCREAS AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W										
	(Partial) Yes									
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exect locotion) INJURY OCCUR? 1 UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year)										
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURED 22F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK										
Certify that I held on Inquiry Inspection Autopsy Ond that on this basis, death In my opinion										
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR										
VS 151-REV. 1/1/6B 9 5 6 0 1 6 1 3 3										

USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
STATE.

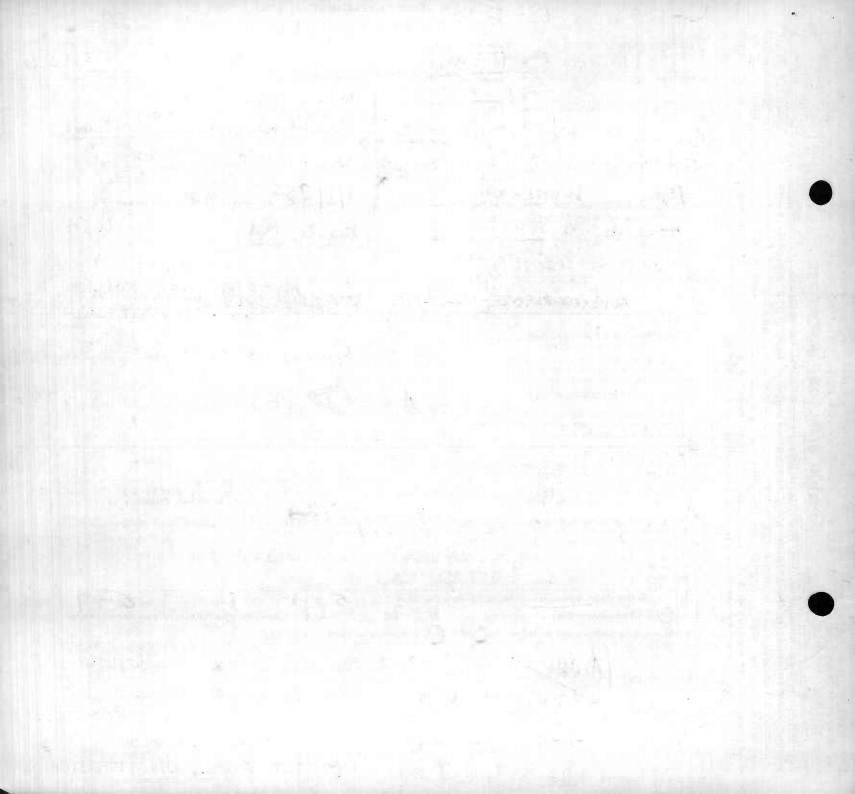
B, COUNTY D. INSIDE CITY LIMITS? YES D NO If Under 1 Yı. Manths: Doys If Under 24 Hrs. Haurs : Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) ond that in (my) (our) opinion death occurred on the date 23 B, DATE SIGNED (City, town, ar county) shows: Baltimore, Maryland de 3 VS 150-REV. 1/1/68

V.5. 153 6-11-68

IMPORTANT

DIRECTOR:

FUNERAL

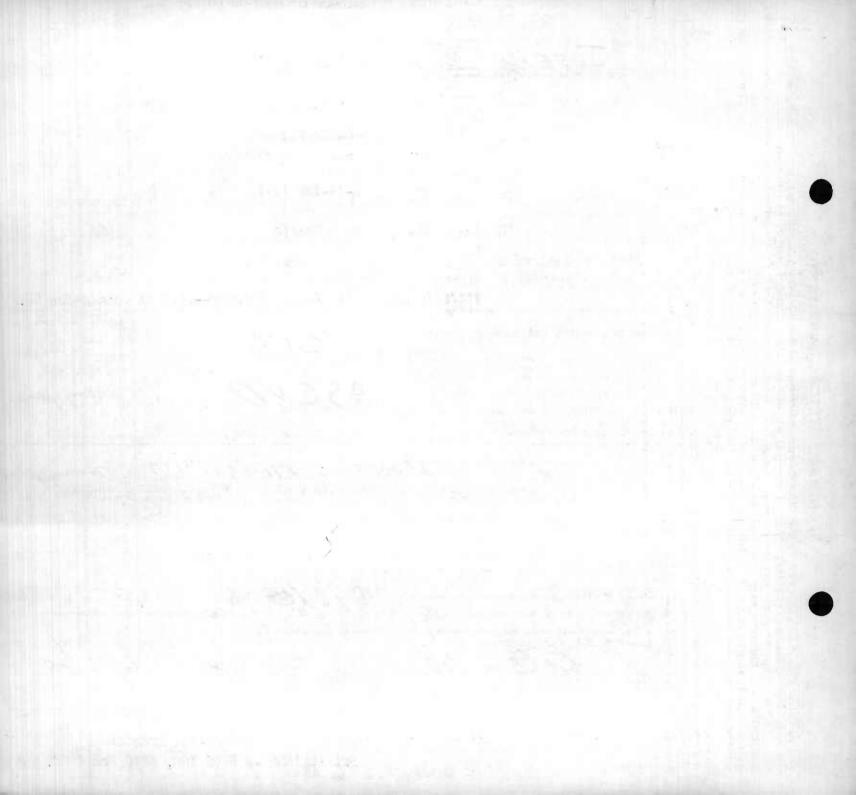


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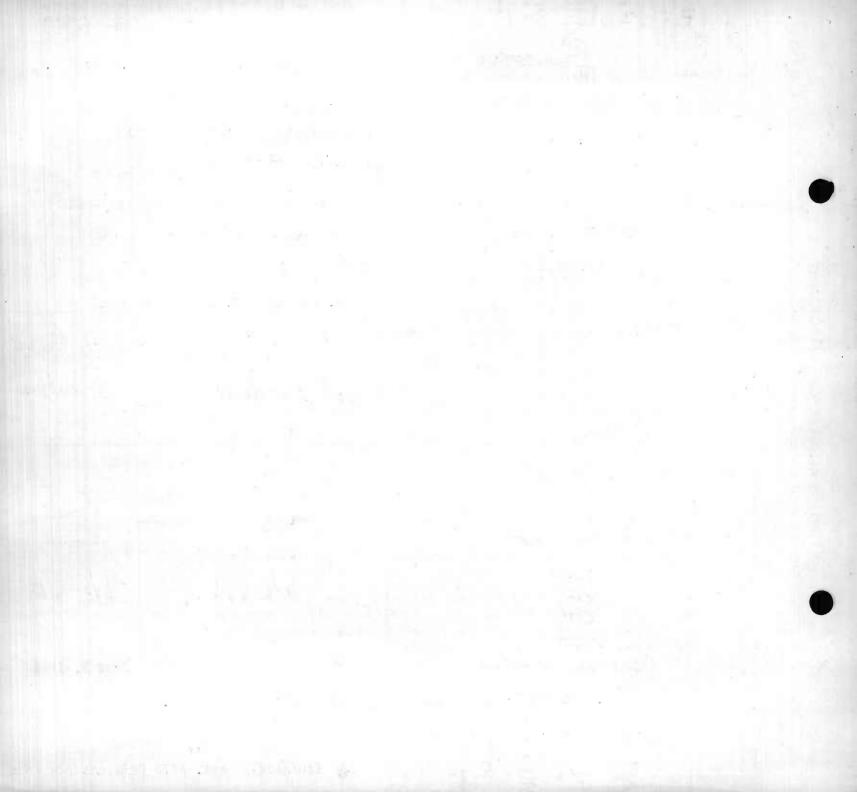
FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

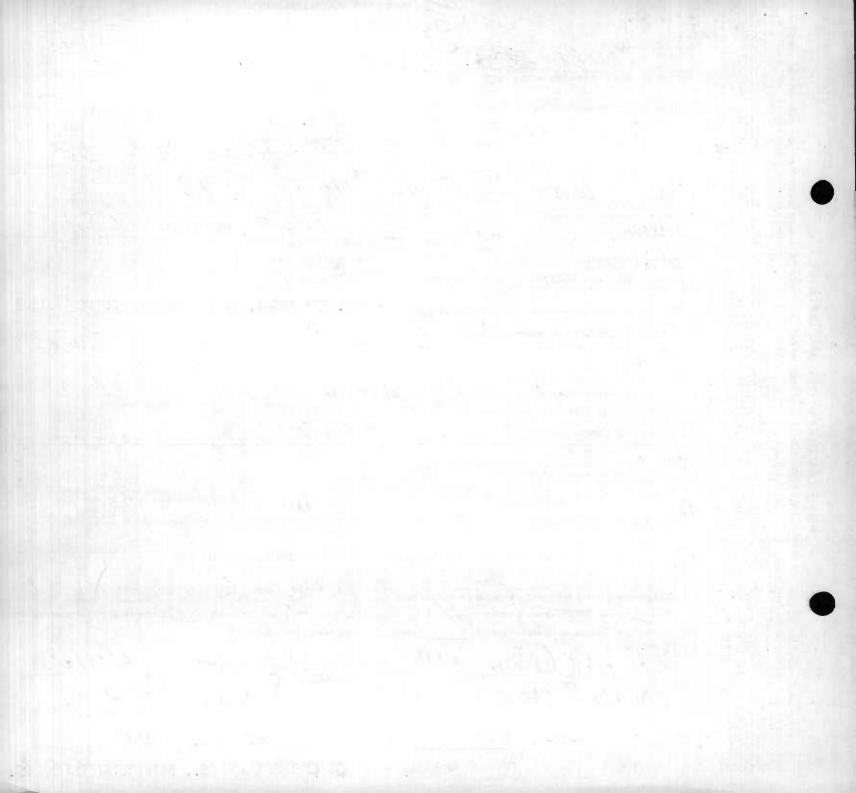


1. N.	TH NO.	SED			2. DATE A	ND HOUR OF DEATH	Н	
(Тур	e or Print)	MORE	RIS BARK		JUNE	8, 1968	4:30) P.
3. P	PLACE IN BALTIA	ORE MARYLAND, W	HERE PRONOUT	NCED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived. If		
FLIT	LL NAME OF	UE NOT IN HOSPIT	AL OR INSTITUT	TON GIVE STREET	11	Balk	6 53	-00
HO	SPITAL OR	ADDRESS OR LOCA	ATION)	NON, OFFE STREET	c. city of fown	D. IN	ISIDE CITY LIMITS?	
	4				Baltimore		YES V NO	
	42	Sinai Ho	ospital		E. STREET AND NUMBER			
	100				6601 SanzeRo	ad		
S. S	EX 6.	RACE	7. MARRIED X	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)		Under 24 H
	Male	White.	WIDOWED		May 7, 1924	44		
t0A.	USUAL OCCUP	ATION (Give kind of worl	108, KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fore		12. CITIZEN OF WE	AT COUNT
done	_	king life, even if retired)	There	0.101	2000			
12 6	FATHER'S NAME	ployee	Travel	Guild	Baltimore, Me	aryland	USA	
100					14. MOTHER 3 MAIDEN NA	IVIL		
		sidore Bark			Goldie	?		
15. V (Yes	Was Deceased Ex	rer in U. S. Armed Far f yes, give wor or dote	ces?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	No				Mrs. Phyllis 1	Bark 6601 S	anzo Road	
	18.	0 1	1	CAUSE OF DEAT			APPROXIM	ATE INTERVAL
	DISFASE	OR CONDITION DI	PECTI V	B.	to much	1	BETWEEN OF	ISET AND DEA
		ADING TO DEATH	KEGIE!	acu	u Myocarous	1 March	lon 4.	Kener
	(This does not	41 1 1		(A) IMMEDIATE CA	USE //	//		
		mean the mode of		DUE TO, OR AS	A CONSEQUENCE OF:	,		
	hearl foilure, as	lhenio, elc. Il meons	lhe diseose,		Δ.	/		٨
	hearl foilure, as injury or compl	lhenio, elc. Il meons cation which caused	the disease, death.)		Δ.	hlast -	Sin	ulyn
	hearl foilure, as injury or compli	Thenio, etc. II meons cotion which coused	the disease, death.)	DUE TO, OR AS	sol UN d	heare -	- Sere	ulyn
	hearl foilure, as injury or compl AN DISEASES OR	lhenio, elc. Il meons cation which caused	the disease, death.)	DUE TO, OR AS	Δ.	rlan -	- Sere	ulyn
	hearl foilure, as injury or comple AN DISEASES OR rise to the	Ihenio, elc. II meons cotion which coused TECEDENT CAUSES CONDITIONS, if	the disease, death.)	DUE TO, OR AS	sol UN d	neare -	- Sere	ufyn
	hearl foilure, as injury or comple AN DISEASES OR rise to the	Ihenio, elc. II meons cation which caused TECEDENT CAUSES CONDITIONS, if above cause (A)	the disease, death.)	DUE TO, OR AS	sol UN d	heare -	- Sere	ulyn
NOI	hearl failure, as injury or compliant of the Complete of the C	Ihenio, elc. II meons cation which caused TECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last.	ony, giving stoting the	DUE TO, OR AS	sol UN d	heare -	- Sere	ulyn
ATIO	hearl failure, as injury or compliant of the UN DERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR COM	Ilhenio, elc. II meons cotion which coused ITECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last.	ony, giving stoting the	(B) DUE TO, OR AS	sal LV d		- Sere	ulyır
ATIO	hearl failure, as injury or compliant of the UNDERLYING OTHER SIGNIFIC TO THE DEATH	Ilhenio, elc. II meons cotion which coused ITECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last.	ony, giving stoting the MTRIBUTING HE TERMINAL RT 1 (A).	DUE TO, OR AS	sol UN d	o) 208, IF YES, WERI	Serve	ulyir
ERTIFICATIO	hearl failure, as injury or compliant of the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CON 19 A. DATE OF O	Ilhenio, elc. II meons cation which caused ITECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION lost. II ANT CONDITIONS COBUT NOT RELATED TO TODITION GIVEN IN PARPERATION 198. CON WAS PER	ony, giving stoting the INTRIBUTING HE TERMINAL IT (A).	(B)	S À CONSEQUENCE OF: 20A. AUTOPSY? (Yes ar N	a) 208, IF YES, WERI IN CERTIFYING C	AUSES OF DEATH?	
CERTIFICATIO	hearl failure, as injury or compliance of the UN DERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CON 19.A. DATE OF O	TECEDENT CAUSES CONDITIONS, if obove cause (A) CONDITION lost. II ANT CONDITION S CO BUT NOT RELATED TO T JOITION GIVEN IN PAR PERATION 198. CON WAS PER WAS UNDERLYING	ony, giving stoting the MTRIBUTING HE TERMINAL IT (A). IDITION FOR W FORMED	(B) DUE TO, OR AS DUE TO, OR AS (C)	sal LV d	a) 208, IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDE AUSES OF DEATH?	
CAL CERTIFICATIO	hearl failure, as injury or compliance of the UN DERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CON 19A. DATE OF O 21A, ACCIDENT	TECEDENT CAUSES CONDITIONS, if obove cause (A) CONDITION lost. II ANT CONDITION S CO BUT NOT RELATED TO T JOITION GIVEN IN PAR PERATION 198. CON WAS PER WAS UNDERLYING	ony, giving stoting the MTRIBUTING HE TERMINAL LT 1 (A). IDITION FOR W FORMED	(B) DUE TO, OR AS DUE TO, OR AS (C)	20A. AUTOPSY? (Yes ar N	a) 208, IF YES, WERI IN CERTIFYING C	AUSES OF DEATH?	
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DICAL CERTIFICATIO	hearl failure, as injury or compliance of the UN DERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CON 19A. DATE OF CONTRIBUTION CONTRIBUTION DEATH (notify m	Interior, etc. II meons cotion which coused trecedent CAUSES CONDITIONS, if above couse (A) CONDITION lost. II ANT CONDITIONS CO BOTTO TO THE CONDITION OF RELATED TO TO THE CONDITION GIVEN IN PARPERATION 198. CON WAS PER WAS UNDERLYING CAUSE OF edical exominer)	ony, giving stoting the MTRIBUTING HE TERMINAL RT 1 (A). IDITION FOR W FORMED 21B. P home, etc.) (Hour) 21E, I While	(B) DUE TO, OR AS (B) DUE TO, OR AS (C) HICH OPERATION PLACE OF INJURY (e.g., of form, factory, street, of the form, street, of the	20A. AUTOPSY? (Yes ar N in ar about 21C. WHERE DID ffice bldg., INJURY OCCUR?	a) 208. IF YES, WERI IN CERTIFYING C	AUSES OF DEATH?	
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WEDICAL CERTIFICATIO	hearl failure, as injury or compliance of the UN DERLYING of the UN DEATH DISEASE OR CON 19.A. DATE OF O 19.A. SIGNATURE ON THE UNITED OF THE	ANI CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION IN PARTICISM CONDITION GIVEN IN PARTICISM CONDITION CON	ony, giving stoting the MITRIBUTING HE TERMINAL IT 1 (A). IDITION FOR W FORMED (Hour) 21E, I While Work I) ottended the ed alive an	(B) DUE TO, OR AS (B) DUE TO, OR AS (C) WE TO, OR AS (C) WORK OF TOWN OF THE TOWN OF TH	20A. AUTOPSY? (Yes at No in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID IN. 19	208. IF YES, WERI IN CERTIFYING C (If In Baltimore) 19 1/2 to	pinian deoth occurre 238. DATE SIGNED June 9,	1968

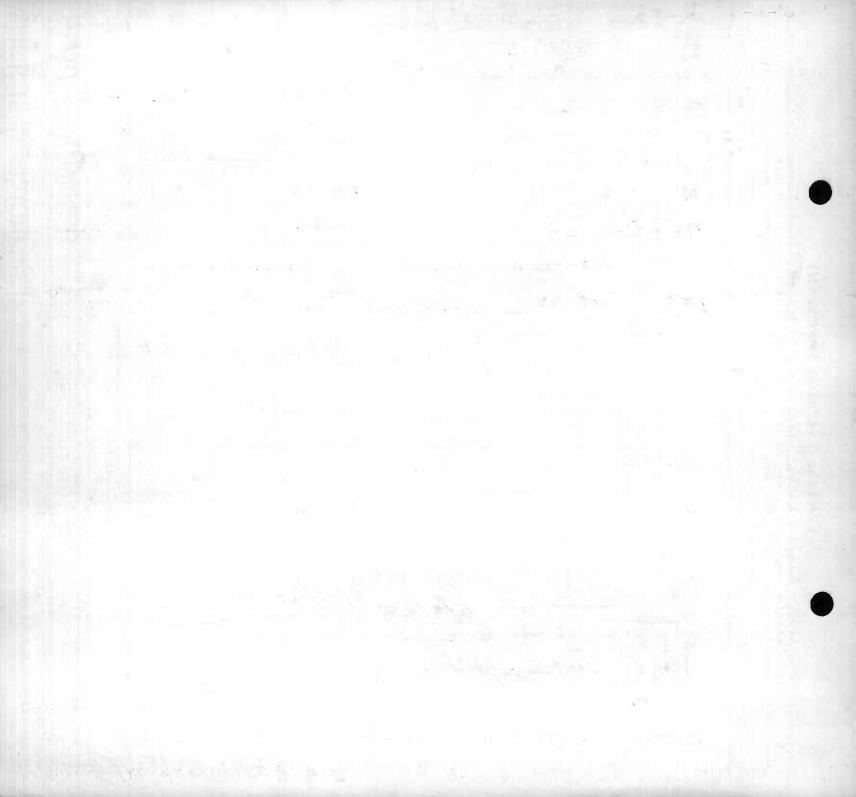


IMPORTANT

FUNERAL DIRECTOR:



72 R-520 68-604	BALTIMORE CITY	HEALTH DEPARTMENT	DEC NO	00 0040
BIRTH NO. 1. NAME OF DECEASED RICHARD	CERTIFICA	TE OF DEATH	REG. NO.	68- 6U42
(Type or Print) PICHARD	/	2. DATE A	ND HOUR OF DEATH	1003/
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Wh	6 8	titution: residence before admission
		A. STATE B. COU MARYLAND	YTY	TALBOT
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION	TION, GIVE STREET	C. CITY OR IOWN		DE CITY LIMITS?
BALTIMORE CITY HOSPITALS		C. CITY OR TOWN EAST ON		YES 🔀 NO 🗌
4940 EASTERN AVENUE		E. STREET AND NUMBER	TENTE HOACC	1 . 7 - 20
BALTIMORE, MARYLAND # 2122		12 WILLIS A	*	
MALE 6. RACE WHITE 7. MARRIED		8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
MIDOWED		0 .		12. CITIZEN OF WHAT COUNTR
done during most of working life, even if retired)		MARYLAND	orgin occurry.	U.S.A.
MAIL CARRIER 13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AAE	0.0.A.
EDWARD RICHARD RENS				
5. Wos Deceosed Ever in U. S. Armed Forces?	16. SOCIAL	RUTH CA	LLAHAN	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	BCH:	O EASTERN AV	BALTIMORE, MD
YES 48-49	213-24-1007	RECORDS	0 200 22101 21 7	21224
18.205.0 I	CAUSE OF DEATH			BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		A. t. 111.	1.	Remove 3 mo
(This does not mean the made al dying, e.g.,	(A) IMMEDIATE CAU	SE Acute Mye	ogenous ou	Memil 5 mg
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)				
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) staling the UNDERLYING CONDITION last.	40)			
***	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				A STATE OF THE STA
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
198. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B.	HICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE F	INDINGS CONSIDERED
21A ACCIDENT WAS INDESTRUCTED	BLACE OF HUMBE	YES		YES
OR CONTRIBUTING CAUSE OF home	e, farm, foctory, street, of	or about 21 C. WHERE DID ince bidg., INJURY OCCUR?	(It in Boltimore	: City, give exact location)
U		015		
OF INJURY	INJURY OCCURRED	21F. HOW DID IN	JUKY OCCUR?	
	e At C Not While			
(APPROX.) World	Not While			/
(APPROX.) Worl 22. I certify that (I) (this haspital) attended the	At Work	5/5/68	19to6/	19 19 68
Worl	At Work	5/5/68		
22. I certify that (I) (this haspital) attended the	e deceased from	5/5/68 	hat in (my) (our) apln	
22. I certify that (I) (this haspital) attended the that (I) (we) last sow the deceased alive on	e deceased from (We) (did) (did not) v	19 and to	hat in(my) (our) apln	
22. I certify that (I) (this hospital) attended the that (I) (we) last sow the deceased alive on and hour and from the causes stated above (I)	e deceased from (We) (did) (did not) v	19 and to	hat in (my) (our) apln	ilan death accurred an the da
22. I certify that (I) (this hospital) attended the that (I) (we) last sow the deceased alive on and hour and from the causes stated above (I) 23A. SIGNATURE 23C. PHYSICIAN'S	At Work de deceased from (We) (did) (did not) v DEGREE Phys	19 and to give the body ofter death. Med. Director	Shaff Phys.	23B. DATE SIGNED
22. I certify that (I) (this hospital) attended the that (I) (we) last sow the deceased alive on and hour and from the causes stated above (II) 23A. SIGNATURE	At Work de deceased from (We) (did) (did not) v DEGREE Phys	19 and to see the body ofter death. Med. Director Director BALTI	Staff MORE CITY HO	238. DATE SIGNED SPITALS
22. I certify that (I) (this hospital) attended the that (I) (we) last sow the deceased alive on and hour and from the causes stated above (II) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Dr. A EMERSON M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NA	At Work the deceased from (We) (did) (did not) v Attention DEGREE DEGREE	19 and to see the body ofter death. Anding Med. Director Director BALTI 4940 EASTERN A	Staff MORE CITY HOS	23B. DATE SIGNED
22. I certify that (I) (this hospital) attended the that (I) (we) last sow the deceased alive on ond hour and from the causes stated above (I) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Dr. A EMERSON M.D.	At Work de deceased from (We) (did) (did not) v DEGREE DEGREE DEGREE DEGREE	and to the body ofter deother brief of the body ofter deother brief of the body ofter deother brief of the body of	Shaff Phys. CITY HOOVE. BALTIMORU	238. DATE SIGNED SPITALS E, MARYLAND 21221
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Such

BIRTH NO.

1. NAME OF DECEASED

VS 150-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

1 1966

BALTIMORE CITY HEALTH DEPARTMENT 68-6043 68-6043 CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH Pud-1-6 F P-Ttil 7 1468

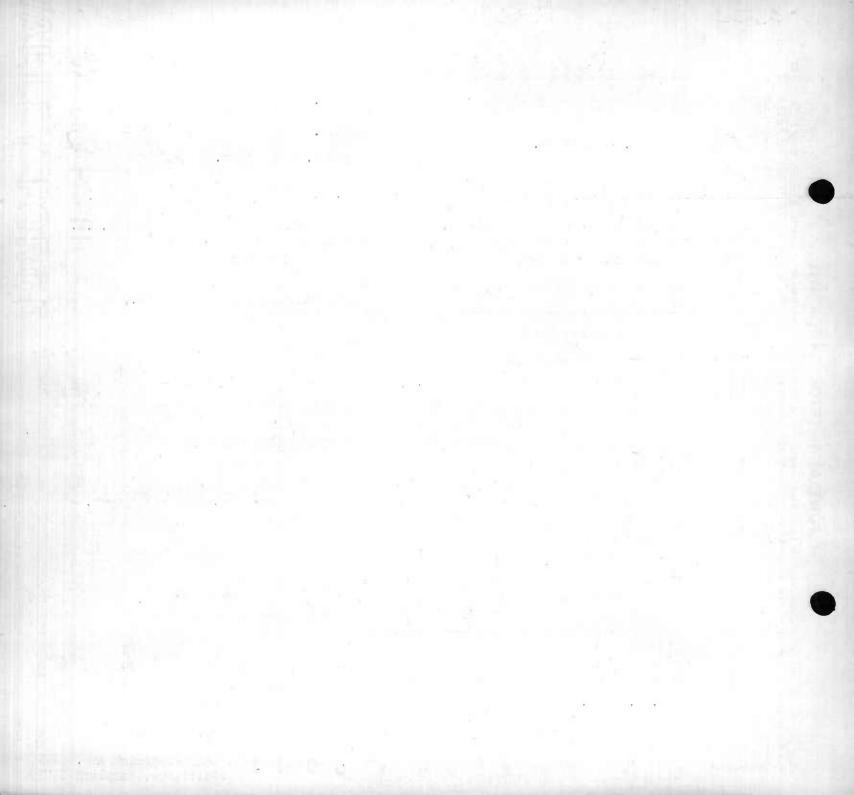
25C. FUNERAL DIRECTOR
Go Truman Schwab,

ADDRESS

3512 Frederick Ave.

Baltimore, Maryland 21229

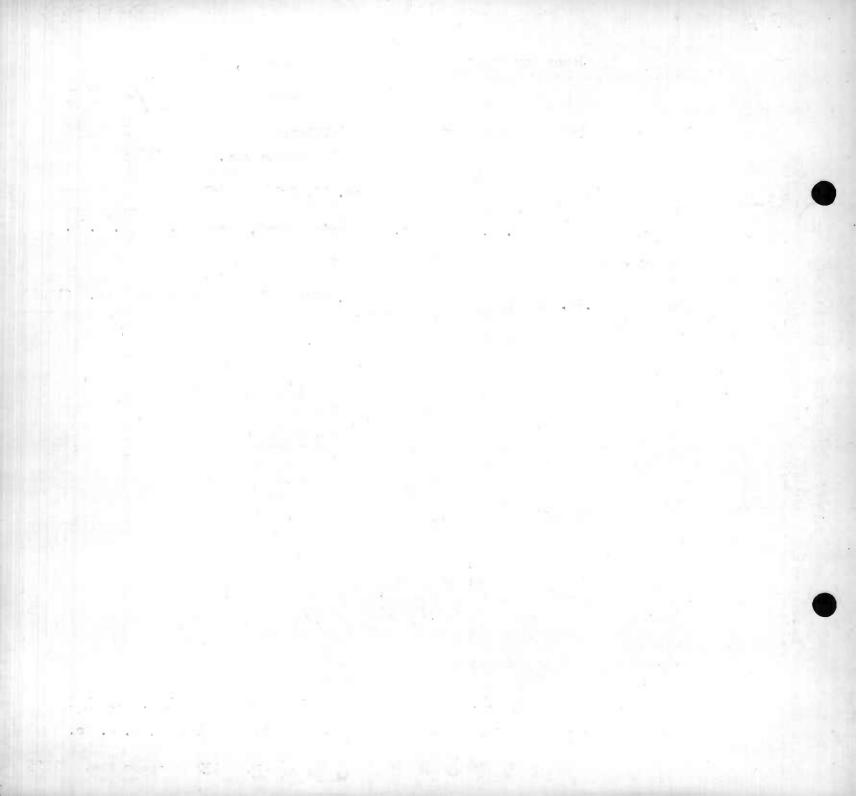
2 21 4 65	1 440,	PI	WIGED DEAD	M LISTIAL DESIDENCE IV		ed. If institution: residence before	
3. PLACE	IN BALTIMORE, MARYLAND, V	VINERE PRONOC	JNCED DEAD	A. STATE B. CO	UNTY	de il ilistitutioni lesidence belore	JUIII 3 31011)
FULL NA	ME OF (IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	Md.			
HOSPITAL	OR ADDRESS OR LOC	ATION)		C. CITY OR TOWN		D. INSIDE CITY LIMITS?	1711113
				Balto.		YES X NO.	
00	190 S. Kossuth St			E. STREET AND NUMBER	R	2001	100
00				190 S. Kosst	ith St.	0	
S. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yea	rs If Under 1 Yr. If Und Months: Days Hours	er 24 Hrs.
Male	White	WIDOWED		Jan. 1,1883	lost birthday)	Months Days Hours	Min.
	L OCCUPATION (Give kind of wor					12. CITIZEN OF WHAT	COUNTRY
done during	g most of working life, even if retired)		01			TI C A	
	Grocer	Grove	ry Store	Baltimore	3	U.S.A.	
13. FATHE	R'S NAME			14. MOTHER'S MAIDEN	AME		
	Charles Oetting	er		Mary	Betz		
15. Was D	eceased Ever in U. S. Armed Fa	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
Yes, no or	unknown) (If yes, give war ar dat	es of service)	SECURITY NO.	Donald Oetting	er 174 Ve	llev Rd Baltimor	e. Md.
	,		CAUSE OF DEAT		21, 11T VOL	APPROXIMATE I	45
1B.	410,91		CAUSE OF DEAT	n		BETWEEN ONSET	
	DISEASE OR CONDITION DE			0.		1/00	
(71:	LEADING TO DEATH		(A) IMMEDIATE CAL	selvionary ,	Lelusy	m secone	n
	daes not mean the mode of failure, asthenia, etc. It means		DUE TO, OR AS	A CONSEQUENCE OF	*		
	ar camplication which caused		Bounds	- Vaserlar	Deseas	UC 911	
1	ANTECEDENT CAUSES	S	700	Danie Alan altas		2400	1
DISE	ASES OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	••••		
	In the above cause (A)				*		
UND	ERLYING CONDITION last.		(C)				
4.	20,1 11						
OTHE	R SIGNIFICANT CONDITIONS CO						
	TE DEATH BUT NOT RELATED TO THE SE OR CONDITION GIVEN IN PA						
U 19 A. D	ATE OF OPERATION 198. COM		WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES,	WERE FINDINGS CONSIDERED	
19 A. D	WAS FEE	TORMED			III CERIII III	O CAUSES OF DEATH:	
U 21 A.	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF	218.	PLACE OF INJURY (e.g., i	n ar about 21 C. WHERE DID	(If in I	Baltimore City, give exact lacation)	
⋖ DEAT	H (notify medical examiner)	efc.	e, tarm, toctory, street, or	mice blag., INJURT OCCUR	•		
O 21D. T	IME (Month) (Day) (Year)	(H) 216	INJURY OCCURRED	215 HOW DID	INJURY OCCUR?		
OF IN	IJURY (Month) (Day) (Year)		ile At Not Whil		INJURY OCCUR:		
(APPR	(OX.)	Wor		•		1.1 -	
22. 1	certify that (I) (this haspita	l) attended th	ne deceased from	3/28	19/els to	6	968
			11 11	1968 and	Al = A != (===) (==		
	(1) (we) lost saw the deceas		/ /			ur) aplnian death accurred ar	i the duti
	naur and fram the causes sta	ited above. (I) (We)" (did) (did not) v	riew the body after dea	th.		
23A, S	IGNATURE					23B. DATE SIGNED	
Est	rex w wellers	on i	MLO DEGREE Phy	ending Med.	Staff Phys.	6/1/68	
	HYSICIAN'S			23D. ADDRESS 34	32 Are	deis l'4 deles	_
N	E. W. Johnson				4 nine	0 - 0	,
24A, BURI	AL CREMATION, 248. DATE	24C. NA	DEGREE		LOCATION	(City, town, or county)	(Stote)
REM	OVAL (Specify)				altimore,		
Bu	rial 6/10/68	DI 10	oudon Park Ceme	stery D	or crimore	rat y talle	



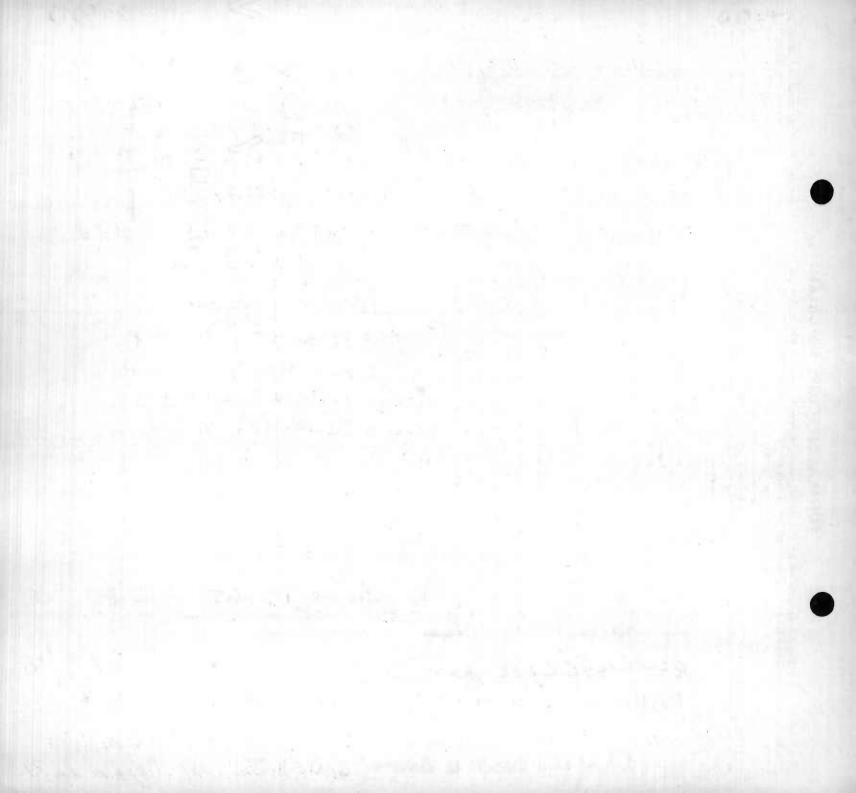
00	COAA	BALTIMORE	CITY HEAL	TH DEPA	ARTMENT
66-	bU44	CERTIFI	CATE	OF D	FATH

68- 6044

IRTH NO.	EASED	CERTIFIC	2. DATE AND	HOUR OF DEATH	
Type or Print)		Roy McClung	June 7,		
. PLACE IN BALT		HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where d		stitution: residence before admissio
FULL NAME OF	UE NOT IN HOCHT	AL OR INSTITUTION CIVIS STREET	Maryland	00	P. 52,00
OSPITAL OR	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIE	DE CITY LIMITS?
	outh Baltimor	e General Hospital	Baltimore		YES X NO
45	OROH POZ OZNOZ		E. STREET AND NUMBER		
			412 Orchard A	ve.	21.225
· SEX	6. RACE	7. MARRIED NEVER MARRIED		AGE (In years t birthday)	If Under 1 Yr. If Under 24 Hr Months! Days Hours Min.
Male	White	WIDOWED DIVORCED	Dec. 14, 1916	51	
	JPATION (Give kind of work varking life, even if retired)	108. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTS
Mechanic		E. I. Dupont Co.	Spring Creek,	West Va.	U. S. A.
3. FATHER'S NAM		*	14. MOTHER'S MAIDEN NAME		
Henry 1	McClung		N⊈na Mann		
5. Was Deceased	Ever in U. S. Armed For		17. INFORMANT		ADDRESS
	(If yes, give wor or dote W. W. 11		Mrs. Anna McClung	g 412 Orch	hard Ave. 21225
Yes	No NO TO	CAUSE OF DEA	TH		APPROXIMATE INTERVAL
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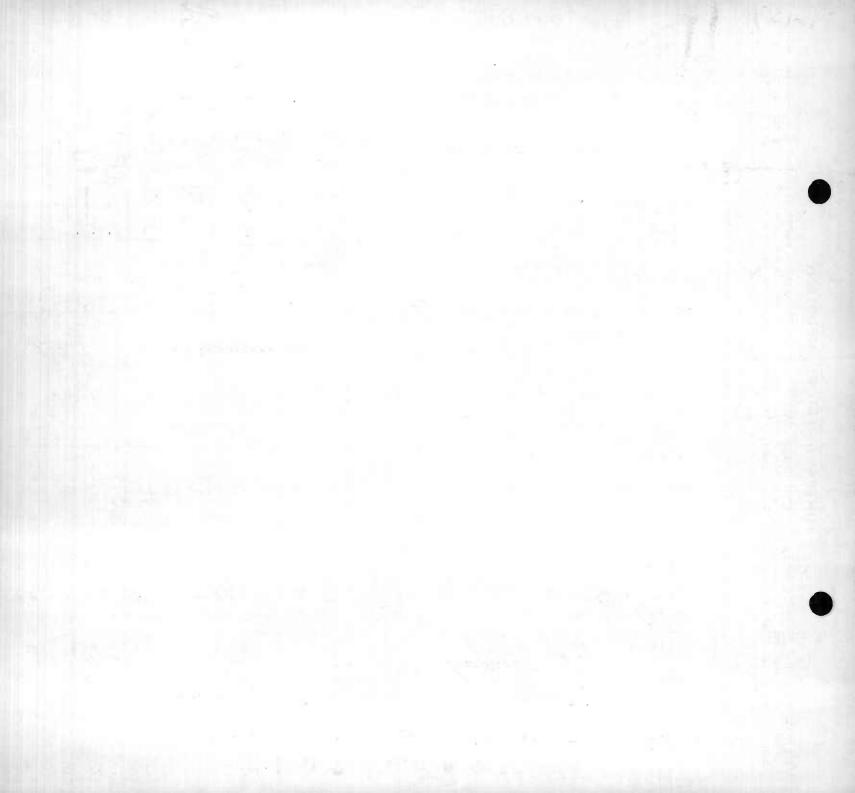


0	60_ 6	DAE DELLIMORE CITY	HEALTH DEPARTMENT	REG. NO.	68- 6045
4	BIRTH NO.	045 CERTIFICA	TE OF DEATH	REG. NO.	
	1. NAME OF DECEASED		2. DATE ANI	D HOUR OF DEATH	
	(Type or Print) Helena M	ever	Jun	e 8,196	8 3:30 P M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	e deceosed lived. If ins	stitution; residence before odmission)
	FULL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION CIVE STREET	Maritan	od Ba	1+ 100000
	HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	ATTO HOR, OF VE STREET	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
	90		Baltimore		YES NO
	1 1 11		E. STREET AND NUMBER		9-07
9	Century Norsing H	ome	1635 GEYSK	sh AYC	. / 0/
3	5. SEX 6. RACE 7. MARR	IED NEVER MARRIED		ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
=	remale white widow	VED DIVORCED	Sept 6, 1883	84	
	done during most of working life, even if retired)		11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF WHAT COUNTRY?
2	Housework Ow	nHome	South Car	pline	USA
2	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .	
2	Clause Wousen		10	NowN	
	IS. Was Deceased Ever in U. S. Armed Porces?	1 6. SOCIAL	17. INFORMANT	Nowie	ADDRESS
3	(Yes, no or unknown) (If yes, give wor or dotes of service	SECURITY NO.	a. IM.		
	1B. () ()	CAUSE OF DEATI	Bernard Mo.	7756	APPROXIMATE INTERVAL
5	DISEASE OR CONDITION DIRECTLY	Call	do . A	70,0	BETWEEN ONSET AND DEATH
5	LEADING TO DEATH	(A) IMMEDIATE CAU	o- vasques	7	7
	(This does no) meon the mode of dying, heart failure, asthenia, etc. It means the dise	B.G., DUFTO OR AS	A CONSEQUENCE OF	1 tal	. 0
2	injury ar complication which coused death.)	Conf.	and bea	9 2000	
5	ANTECEDENT CAUSES	Leider	moder tie	CVE	
ש	DISEASES OR CONDITIONS, if any, give		A CONSEQUENCE OF:	_ 1 5	4
9	rise to the obove cause (A) stoling UNDERLYING CONDITION lost.	the com	& Contract	Whenos	lean
5	772241/ II				
E	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION				
6)	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).				
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9	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	210 BLACE OF MILLIPY (s. s.	n of chart 21C WHERE DID	W - 0 - 12-	
910	OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, farm, factory, street, of etc.)	fice bldg., INJURY OCCUR?	(It in Baltimore	e City, give exact locotion)
De	O				
9	21D.TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
	(APPROX)	While At Work Not While At Work	•		
0	22. I certify that (I) (this hospital) attende	ed the deceased fram	fune 1) 1	965 to AC	~ 8 1968.
9	that (I) (we) last saw the deceased alive	on Dune 8	0 600		nian death accurred an the date
Ω -	and haur and fram the causes stated above				
2	23A. SIGNATURE				23B. DATE SIGNED
	well of a such	D An Phys		Staff Phys.	6/8/68
5	23C. PHYSICIAN'S	DEGREE	23D. ADDRESS		10
010	NAME (Type)	TOTA	6615 News	erston	- K)
9	24A. BURIAL CREMATION, 24B. DATE 240	C. NAME of CEMETERY OF CRE	0 -	CATION (Cit	ly, town, or county) (State)
2	REMOVAL (Specify) 6/10/18	- the 1	Land MI	116	1100
ritten approval must	25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	AF OF REGISTRAP	25C. FUNERAL DIRECTOR	KIESTON JOH	th Carolina
2	JUN I I 1968 (0.0)	of & Ja Come	100011	1010	P. P. D P.
	VS 150-REV. 1/1/6B		- CAMADINOUS	w. 1328 D.	Mythur Ig. VII.



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RIPT			0010	BALTIMORE CITY			- W
RIPT		68-	6048	CERTIFICA	TE OF DEA	TH REG NO	68- 6048
	H NO.				2. D	ATE AND HOUR OF DE	ATH &
	e or Print)	NEV MAE	DV ACNE	c			
3. P	LACE IN BALTIMORE, MA	NEY MAF	PRONOUNCE	DEAD	4. USUAL RESIDENCE	JUNE 5, 196 E (Where deceased lived.	If institution: residence before admi
						COUNTY	(01100
FUL	L NAME OF (IF NOT ADDRES	IN HOSPITAL O	OR INSTITUTION,	, GIVE STREET	MARYLAND		21122 52
INST	TITUTION	NEC HOCE	DITAL		RIVIERA	BEACH	YES NO X
		NES HOSE			E. STREET AND NU		1E2 NO M
	40 CATON	& WILKE		_	8442 GAR	DEN RD.	
5. \$1			ARYLAND MARRIED NE		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24
-	CMALE MILLER		DOWED X	DIVORCED	11 24 86	lost birthdoy)	Months Days Hours
	EMALE WHIT						12. CITIZEN OF WHAT COU
done	during most of working life, ev						
	IOUSEWIFE		55		MARYLAND		USA
	ATHER'S NAME	Minn			14. MOTHER'S MAID		
C	HARLES GARD	INER			CATHERINE	LYONS	
S. W	Vos Deceosed Ever in U. S., no or unknown) (If yes, give	Armed Forces?	service) 1 6. SC	OCIAL ECURITY NO.	17. INFORMANT	BALTIMORE	, MD. 21229
	No		22		2 ST AGNE	S BECODOS-C	CATON & WILKENS
	18. / / / 0 . 9 . 1			CAUSE OF DEAT		J KLCOKD3-C	APPROXIMATE INTER
	ANTECEDEN			(B) Cxfee	www ofther	cassio Pr	yain.
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MEDICAL CERTIFICATION	TISE IO THE OBOVE OF UNDERLYING CONDITION OF THE PROPERTY OF T	DERLYING USE OF White Hard of the deceased allocauses stated a LAND B. DATE 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	BUTING RMINAL A). PN FOR WHICH AED 21B. PLAC home, form etc.) 21E. INJU While At work tended the de- ive an JUNI abave. ((We)	CEMETERY OF CR	in or about 21C. WHERE office bidg, INJURY OC 21F, HOW I	DID (If in Bol Cur? 19 68 to J and that in (My) (aur) death. Shoff Phys 2 24D. LOCATION Baltimore	Itimore City, give exoct location UNE 5 19 6 apinion death accurred an the

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		HEALTH DEPARTMENT	5	0. 0040
68-6049	CERTIFICAT	TE OF DEATH	REG. NO.	68-6049
BIRTH NO.	OLK THE TOTAL		HOUR OF DEATH	
(Type or Print)	lice	6/5/	68	5:20 Pm.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If insti	tution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		CACHTY OR TOWN	D. INSIDE	25-05 CITY LIMITS?
3 73	1-11-	BALTIM ORE		/ES NO 🗆
DOUTH DALTIMORE GENERAL	HOSPITAL	6407 PT SMA	Hlwood Kol	and.
S. SEX 6. RACE 7. MARRIED WIDOWED WIDOWED	NEVER MARRIED 8	3/26/10	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BU		1. BIRTHPLACE (State or foreig	n country)	12, CITIZEN OF WHAT COUNTRY?
done during mast af warking life, even if retired)		-/-/		
	ompany		ryland	U.S.
JAMES E.WARD		4. MOTHER'S MAIDEN NAM	Ade	
15. Was Deceased Ever in U. S. Armed Forces? 16		7. INFORMANT	FAC	ADDRESS
(Yes, no ot unknown) (If yes, give war ar dates af service)	SECURITY NO.	Mar Tanda Count	41.07 Et	C
No 2	17-34-2962	Mrs. Linda Snyde	EL - OHOL LE	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CEREBOAL	MISCULAR AC	CIDENT	BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAUSI DUE TO, OR AS A	CONSEQUENCE OF:		
healt failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(PROBABL		EMORR HAGE	
ANTECEDENT CAUSES	()	C COUNTY IV	- 1,0102 1102	
DISEASES OR CONDITIONS, if any, giving	(B)	CONSEQUENCE OF:		
rise to the above couse (A) stating the				
UNDERLYING CONDITION Iosi.	(c)	•••••		
z 331X II				7 4
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
	CH OPERATION	20A. AUTOPSY? (Yes ar No)	208. IF YES. WERE FIN	IDINGS CONSIDERED
198. DATE OF OPERATION 198. CONDITION FOR WHI			208. IF YES, WERE FIN IN CERTIFYING CAUS	ES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING 21B, PLA	ACE OF INJURY (e.g., in	ar about 21 C. WHERE DID	(If in Boltimore (City, give exact location)
OR CONTRIBUTING CAUSE OF hame, to DEATH (notify medical examinet)	arm, factory, street, affic	ce bldg., INJURY OCCUR?		
U	JURY OCCURRED	21F. HOW DID INJU	IRY OCCUP?	
S OF INJURY			KI OCCUR!	
(APPROX.) Work	At Wark			
22. I certify that (1) (this hospital) attended the	deceosed from	19	9to	19,
that (I) (we) last sow the deceased alive an		19and tho	t in (my) (aur) apîni	on death occurred on the date
and hour and from the causes stated above. (1) (V	Ve) (did) (did nat) vi	ew the body ofter deoth.		
23A. SIGNATURE			2	3B. DATE SIGNED
Lane Harnes Mil	Attent	ding Med.	Staff Phys.	6-5-68
23 C. PHYSICIANS	OEGREE Phys.	Director L F	nys.	0 0 0 2
NAME (Type)	7			
AMICKY V. COMICHICAL IN	OEGREE	4.4.7.0.0.V	GATION 161	
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAMI	E of CEMETERY OF CREA	AAIORY 24D. LO	CATION (City,	town, or county) (State)
Burial 6-8-1968 Glen	Haven Memori	ial Park Rito	hie Hgwy /	A. A. Co., Md.
25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF F		2SC. FUNERAL DIRECTOR		
11868 620	D. Hallen M. B.	George J. Gond	e-4001 Ritch	nie Hgwy., Baltimore

THE RESERVE OF THE PARTY OF THE

a hospital and

Such

death.

40

IRTH NO. NAME OF DECE ype or Print) PLACE IN BALT ULL NAME OF	68	3- 60	50 CERTIFICA	TE OF DEAT	REG.	NO.	
NAME OF DECE ype or Print) PLACE IN BALT ULL NAME OF	EASED						8-6050
ype or Print) PLACE IN BALT ULL NAME OF HOSPITAL OR	EASED		CLKTITICA				
ULL NAME OF	747	74 7	900 L L		TE AND HOUR OF		. ///
ULL NAME OF			rene Witte	JA JISHAL PESIDENCE	une 9, 196	8	: residence before admission
OSPITAL OR	IMORE MARILAND, W	HERE PRONO	INCED DEAD	A. STATE B.	COUNTY	ved. II IIIsiliolioli	. residence before damission
NSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	Md .		D. INSIDE CITY	LIMITS?
00	607 Harding	Place		Baltim E. STREET AND NUM		YES D	NO D
				607 Ha	rding Place	e , Balto	, Md. 21211
SEX	6. RACE	7- MARRIED	X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In you	eors If Un	der 1 Yr. If Under 24 Hrs
emale	White	WIDOWED	DIVORCED	Dec 30, 1898	69	14101111	13, 50,3
A. USUAL OCCU	PATION (Give kind of work	10B. KIND OF	BUSINESS OR INDUSTRY		or foreign country)	12. C	ITIZEN OF WHAT COUNTR
one during most of w	vorking life, even if retired)	Knothe	Brothers	Maryland		τ	J.S.A
FATHER'S NAM	A E			14. MOTHER'S MAIDE	NAME		474
	unk			Rho	dos		
. Wos Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	ues		ADDRESS
NO No	(If yes, give wor or dote	s of servicel	213-16-4871	Mr. William	n T. Witte	607 Har	ding Place
18.4	7.91		CAUSE OF DEAT	Ĥ			APPROXIMATE INTERVAL
(This does no heart failure,	E OR CONDITION DIF LEADING TO DEATH of mean the mode of asthenio, etc. If means plication which caused	dying, e.g., The diseose,	(A) IMMEDIATE CAL DUE TO, OR AS	A CONSEQUENCE OF	Thrombos	5/5	3 mos-
	NTECEDENT CAUSES	ALTONO.					
DISEASES O	R CONDITIONS, if obove couse (A) CONDITION lost.		(8) DUE TO, OR AS		clarris		
other signification of the death	II CANT CONDITIONS COL H BUT NOT RELATED TO TH	HE TERMINAL					
	OPERATION 198 CON WAS PER	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 20B. IF YES	, WERE FINDING	GS CONSIDERED F DEATH?
* I/ I	TING CAUSE OF	21 B. hom etc.	PLACE OF INJURY (e.g., i e, form, foctory, street, of	n or obout 21 C. WHERE INJURY OCC	DID ()f Ir	8 altimore City,	give exact location)
OR CONTRIBU		(Hour) 21E.	INJURY OCCURRED	21F. HOW D	ID INJURY OCCUR	?	
OR CONTRIBU	(Month) (Doy) (Year)	1110017 216					
OR CONTRIBU	(Month) (Doy) (Yeor)		De At Not Whill	e 🗌			
OR CONTRIBUTE DEATH (notify) 21 D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year) that (1) (this hospital	Whi	k L At Work	2-2	3 19 68 to	6	-9 1968
OR CONTRIBUTED TO THE CONTRIBUTE	that (1) (this hospital) ottended the dolive on	ne deceosed from	2-2	and that In (my)	ους) opinion de	=9 19 68 eoth occurred on the da
OR CONTRIBUTED TO THE CONTRIBUTE	that (1) (this hospital lost sow the decease from the couses stat) ottended the dolive on	he deceosed from	2-2	and that In (my)		= 9 19 68 eoth occurred on the da

25C. PUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. 1968 VS 150-REV. 1/1/6B

24C, NAME of CEMETERY OF CREMATORY

Baltimore National Cem.

846

West

36th

(City, town, or county)

Baltimore, Maryland

(Stote)

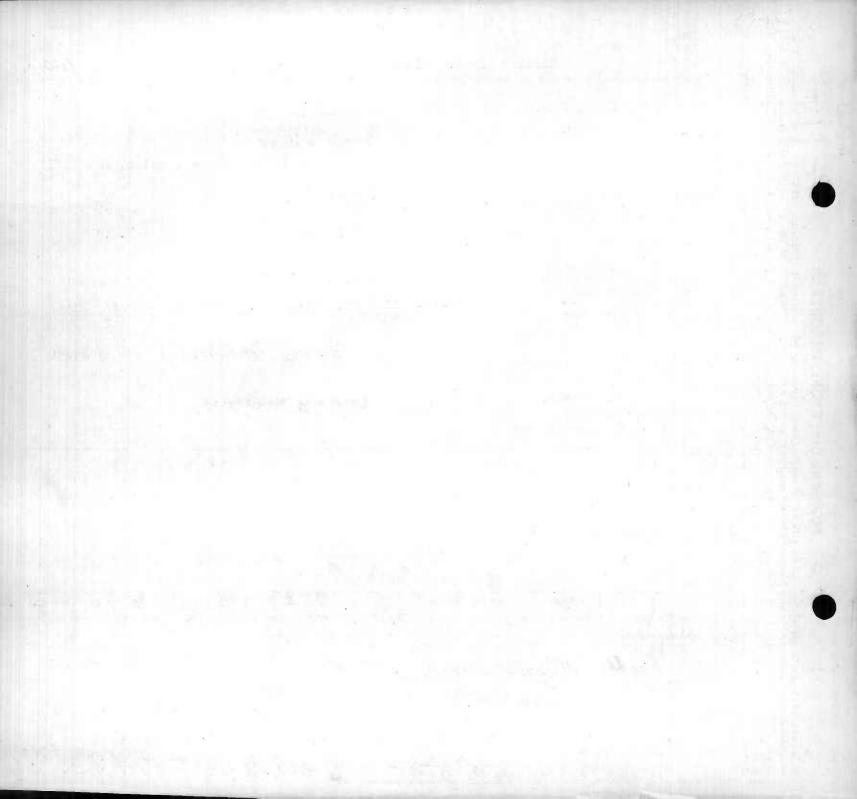
24D. LOCATION

Reuben Hoffman

13-68

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

Burial



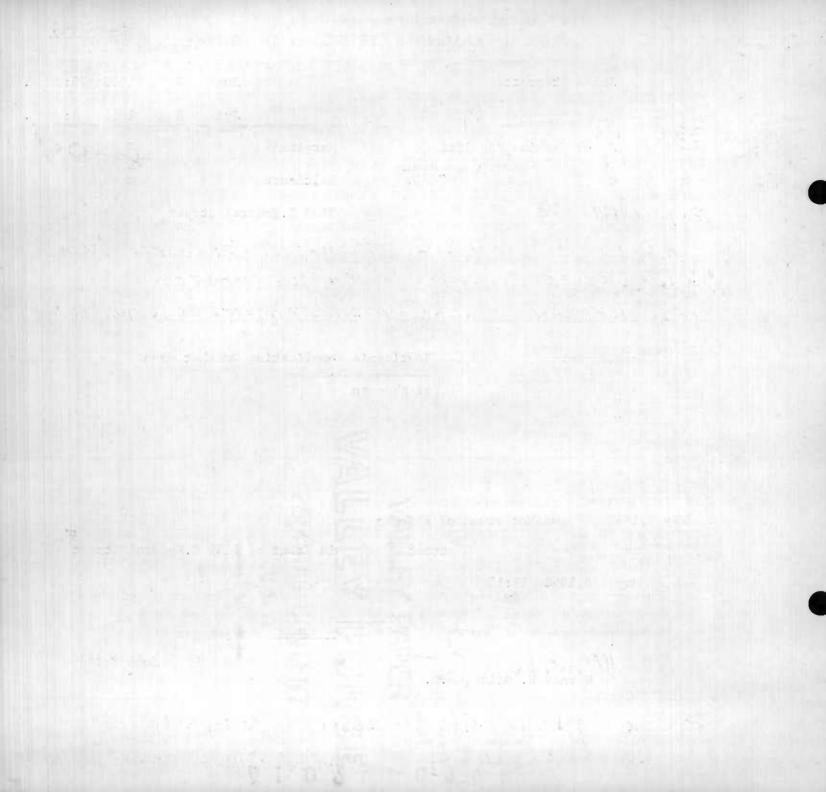
5-363

68- 6051 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICAT	E Or	DEATH.
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68-6051

311	RTH NO.									REG. NO			
	NAME OF DEC	EASED					2. DATE	Known 🗀	Month	Day	Year	Hour	
IY	pe or Print)	Jame	es Ster	rette	e		OF DEATH	Estimoted	June	8	1968	5:00	A
١.	PLACE IN BAL	IMORE, MA	RYLAND, W	HERE PR	ONO	UNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
10	LL NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	L OR INST	τιτυτιο	N, GIVE STREET		NCED DEAD SIDENCE (Where	June	8	1968	5:00	144.
	33	John	ns Hopk	cins	Hosj	pital	A STATE	aryland		COUNTY	fesidence be	C C	1
ò.	SEX	7. RACE		B. MARR	IED X	NEVER MARRIED	C. CITY OR	TOWN		. INSIDE CIT	YMITS?	1	
	M	С	1:0.000/	WIDOW	VED [DIVORCED		ltimore		YE	S X N	10 🗆	
/	Pug. 1	1,1929	10. AGE (In lost birthday	yeors		der 1 Yr. If Under 24 Hrs. Is Doys Hours Min.		ND NUMBER	eral St	reet			
	BIRTHPLACE (S					TIZEN OF	13. FATHER'S		01				
	MU	1		10.141-10	(Jedoff,	Thon	IAS SI	STER	PRETT	E, S	R.	
7	e during most of w		e kind of work en if retired)	TO	OFB	USINESS OR INDUSTRY	15. MOTHER	9 9TE	PAX	ton			
6.						17. SOCIAL	18. INFORM				DRESS		
16	s, no or unknown)		REAN		'	SECURITY NO.	Thos.	STERR.	ETTE	SR. 12:	14W.1	ANVA	LE C-
	19 0/	5 X		The same	1	CAUSE OF DEAT					APPE	ROXIMATE INTE	
	4	00/1	ITION DIDE									EN ONSET AND	DEATH
		E OR COND LEADING TO		LILY		Septice	emia con	nplicating	g Gunsh	ot woun	d		
		ot meon the				DUE TO OR	AUSE S A CONSEQU	ENGE OF:					
		osthenio, etc. oplication which				of abdo	omen						
		NTECEDENT		CIVILLO		(B)	AS A CONSEC	HENCE OF					
	RISE TO THE	ABOVE CAL	USE (A) STAT	ING THE		DOE TO, OK	AJ A CONSEG	DENCE OF:					
z	UNDERLYIN	IG CONDITI	ON LAST.			(c)							
은	E981	X	II		_								
₹	OTHER SIGN	FICANT CON	PELATED TO	ONTRIBUT	ING								
E	DISEASE OR	CONDITION	GIVEN IN PA	ART 1 (A).									
Æ	20A. DATE OF	OPERATION	1 20B. CON	NOITION	FOR V	VHICH OPERATION WA	AS PERFORM	ED			21. AUTOP	SY? (Yes or	No)
Ö	May 8,	1968	guns	shot	wou	nd of abdome:	n				Yes		
EDICA	22A. EXTERI UNDERLYING UTING CA		TRIB-		22B. Pl home,	ACE OF INJURY(e.g., form, foctory, street, office STREET	in or obout 22 e bldg., etc.) IN 11	C. WHERE DID (JURY OCCUR? 1 Front o	If in Boltimore £ 2132	City, give exoc E.Feder	t locotion) al Str	eet	04
Σ			oy) (Yeor			E.INJURY OCCURRED		F. HOW DID IN.	JURY OCCUP	?			
	(APPROX.)	May 8	3,1968	11:	15 W	HILE AT NOT	WHILE ORK						
	23.			PM					45-11-1				
	I certi	ify that I h	eld an li	nquiry		Inspection Au	topsy X	and that an th	nis basis, d	eoth in my d	pinion		
	result	ed fram: N	atural cau	ses 🗌	An	eldent Suicid	le Ho	micide X	Undetermina	ed manner]		
		1		/				HIEF MEDICAL E	XAMINER [
	ACTUAL	1100	1 . 0	1	71	no -	ASSIS	TANT MEDICAL E	XAMINER F	Tu.	ne 8. f	968	ED
	SIGNATU		Verner	II d	ni t	z, M.D.		CIATE MEDICAL E		7	, _		
	NAME (T		VELLICI	0. 5.	X.	2, TI.D.	A330	CIAIL MEDICAL L	VAWIIAEK L				
	A. BURIAL CREA	AATION, 2	4B. DATE		240	NAME of CEMETERY	or CREMATO	RY 24D. I	LOCATION	(City, town,	or county)	(Stote)
RE	MOVAL (Specif	y) (v	1100	160	1	it All	MINA	1 13	alta	und.			
2.5	A. DATE REC'D	RV HEATTH !	DEPT	250 N	IAME	OF REGISTRAR	250 5	UNERAL DIRECTO	10000	Ar	DRESS		
23		- 40	1968	100	B	E. Farbey Mill	fo 1) Al	1- 1			ulla	114
		1911 - 2	1900	APPR	ew	C, tugoarin	Wasi	. L. Chas	ucau pr	-1701	11116	uew	101
							-						



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68- 6052 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

68-6052

BIRTH NO.	REG. NO.					
1. NAME OF DECEASED	2. DATE Known X Month Doy Yeor Hour					
JAMES A. CHAPMAN KNAKMAN	DEATH Estimoted June 8, 1968 1:35 P.M.					
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD June 8, 1968 1:35 P.M.					
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
St. Agnes Hospital (DOA)	A. STATE Maryland B. COUNTY					
	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
MARKIED NEVER MARKIED-E						
male white WIDOWED DIVORCED 29. DATE OF BIRTH 10. AGE (In veors 1 if Under 1 Yr. If Under 24 Hrs.	Baltimore YES NO NO					
lost birthdoy) Months I Doys , Hours , Min.	E. STREET AND NUMBER					
	519 Yale Avenue					
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME					
Maryland WHAT COUNTRY?	Howard F. Chapman					
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR						
done during most of working life, even if retired)	Elizabeth Ward					
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS					
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Mrs. II-road E. Charman E10 Wal- A 01000					
19. CAUSE OF DEA	Mr. Howard F. Chapman, 519 Yale Ave. 21229					
2 9/0,0	BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY Drownin	g					
LEADING TO DEATH (A)IMMEDIATE (
heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:					
injury or complication which coused death.)						
ANTECEDENT CAUSES (8)						
	AS A CONSEQUENCE OF:					
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						
(C)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)					
O A	AS PERFORMED					
	No					
22B. PLACE OF INJURY (e.g., home, form, foctory, street, office	in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) 53-00 te bldg., etc.) INJURY OCCUR?					
☐ UTING ☐ CAUSE OF DEATH. water	Halethorpe Farm Road (Lake)					
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?					
(APPROX.) 6/8/68 1:19 P. m. WHILE AT WORK AT W	while Subj. drowned					
23.						
I certify that I held on Inquiry Inspection X Au	topsy ond that on this basis, death in my opinion					
resulted from: Notural causes Acciden X Suicia	de 🗌 Homicide 🔲 Undetermined manner 🗌					
MIA A STA	CHIEF MEDICAL EXAMINER					
ACTUAL / WX 11 /	ASSISTANT MEDICAL EXAMINED X					
SIGNATURE M.D.	6/0/69					
NAME (Type) Werner U. Spite, M.D.	ASSOCIATE MEDICAL EXAMINER U 0/9/00					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)					
REMOVAL (Specify) 6 12 1060						
BURIAL 6-12-1968 Baltimore National Cemetery Baltimore, Maryland						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS					
JUN 1 1 1968 R. D. & E. Fordent	Howard H. Hubbard, 4107 Wilkens Ave. 21229					
VS 151-REV. 1/1/6B	0'6 0 5 0					

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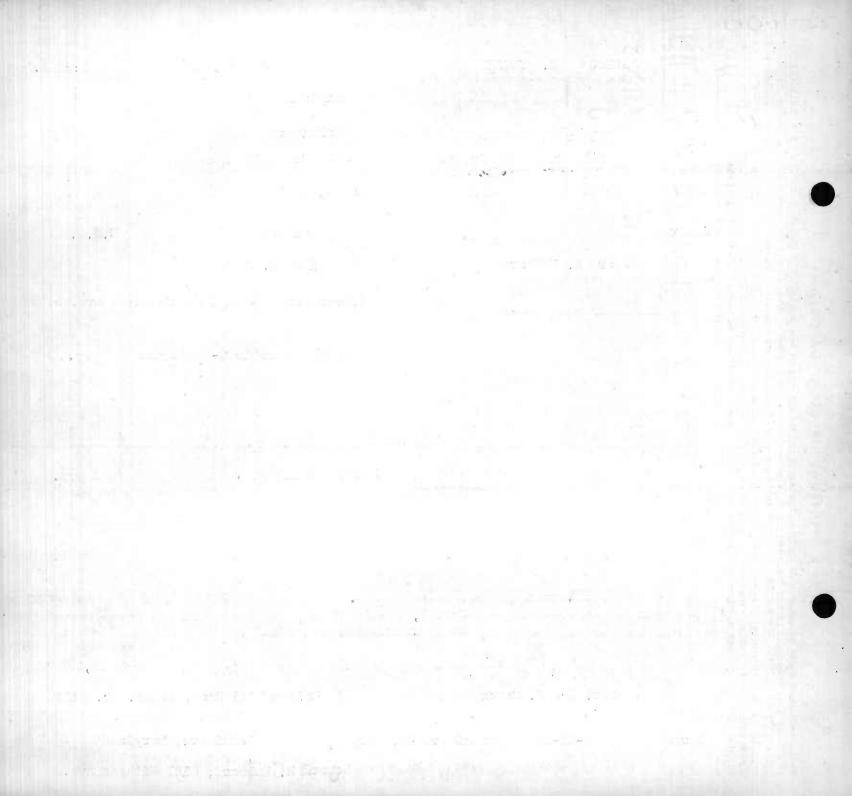
VS 150-REV, 1/1/68

68-	6053
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BALTIMORE CITY HEALTH DEPARTMENT

	00	COLO
	68-	6053
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	0	0_ 0(CERTIFICA	TE OF DEATH	REG. NO	00 0000		
BIRTH NO.	CEASED			2. DATE	AND HOUR OF DEATH	Н		
(Type or Print)	ALICE H	. JOLI	Y.Y	.T	une 9, 1968	8:30 A. M		
3. PLACE IN BAL	TIMORE, MARYLAND,			4. USUAL RESIDENCE (W. A. STATE 8, CO	here deceased lived. If	institution: residence before admission		
			Maryland	ONT	25-04			
FULL NAME OF	ADDRESS OR LC	CATION)	STITUTION, GIVE STREET	C. CITY OR TOWN				
NSTITUTION			J. 114	YES NO				
Silver Cross Home 5124 Greenwich Avenue		Baltimore E. STREET AND NUMBER						
		Avenue	5124 Greenwich Avenue					
5. SEX	6. RACE	7- MARR	IED NEVER MARRIED	8, DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min,		
Female	White	WIDOV		May 1, 1882	lost birthday)	Months Doys Hours Min,		
OA. USUAL OCC	UPATION (Give kind of v		OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY		
_	working life, even if retire	d)						
Retired				Marylan	d	U.S.A.		
3. FATHER'S NA				14. MOTHER'S MAIDEN N	IAME			
	Oscar S. H	ubbard		Ida F.	Ida F. Jones			
5. Wos Deceosed	Ever in U. S. Armed	Forces?	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
es, no or onknown	in the yes, give wor or o	oles of servi	SECORITI NO.	Silver Cross	Home, 5124 G	renwich Ave. 21229		
18. 44	0 11 50 0	4.00	CAUSE OF DEA	TH		APPROXIMATE INTERVAL		
DISEASES ise to th UN DERLYIN OTHER SIGNI TO THE DEA	ANTECEDENT CAUS OR CONDITIONS, ie obove cause (/ G CONDITION loss. FICANT CONDITIONS () TH 8UT NOT RELATED IN	f any, giv A) stating CONTRIBUTION THE TERMIN	(c)	s a consequence of:	ıs	2 yrs.		
	F OPERATION GIVEN IN I		OR WHICH OPERATION	20A. AUTOPSY? (Yes or	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF			
OF CONTRIS	NT WAS UNDERLYING UTING CAUSE OF y medical examiner)	9 🗆	21 B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltim	ore City, give exact location)		
21D. TIME OF INJURY	(Month) (Doy) (Ye	or) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID	NJURY OCCUR?			
(APPROX.)			While At Not Wh	ile 🔲				
22 1	. AL - A / 1 \ / 2030/3000/200	257075			10 65 40	June 19 68		
that (I) (WS	last saw the dece	sed alive	on June 8,	1968ond	that in (my) (5000) a	pinlan death accurred an the da		
		tated abov	e. (I) (#e) (did) (did not)	view the body after deat	h.	DATE CICKITE		
23A. SIGN AT	URE	6		tending Med.	Shaff I	23B. DATE SIGNED		
/	XM/	T	2/1/ George PJ	rys. Director	Staff Phys.	June 10,1968		
23C. PHYSICIA	Dr. Leo	J. Gav			Hill Road, B	alto. Md. 21229		
24A. BURIAL CRE	MATION, 248. DATE	24	C. NAME of CEMETERY of C		LOCATION	City, town, or county) (State)		
REMOVAL Burial	(Specify) 6-11-	1968	Raltimore Come			Maryland		
25A, DATE REC'E			Baltimore Cemet	25C. FUNERAL DIRECT	Baltimore,	ADDRESS		
	JUN 11 196	8 00	ente E establishe	Howard HEH		Wilkens Ave.		



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AT PERSON AND A SECURITION OF THE PERSON OF

VS 150-REV, 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

BETWEEN ONSET AND DEATH

ADDRESS

6/4/68

ADDRESS

If Under 24 His.

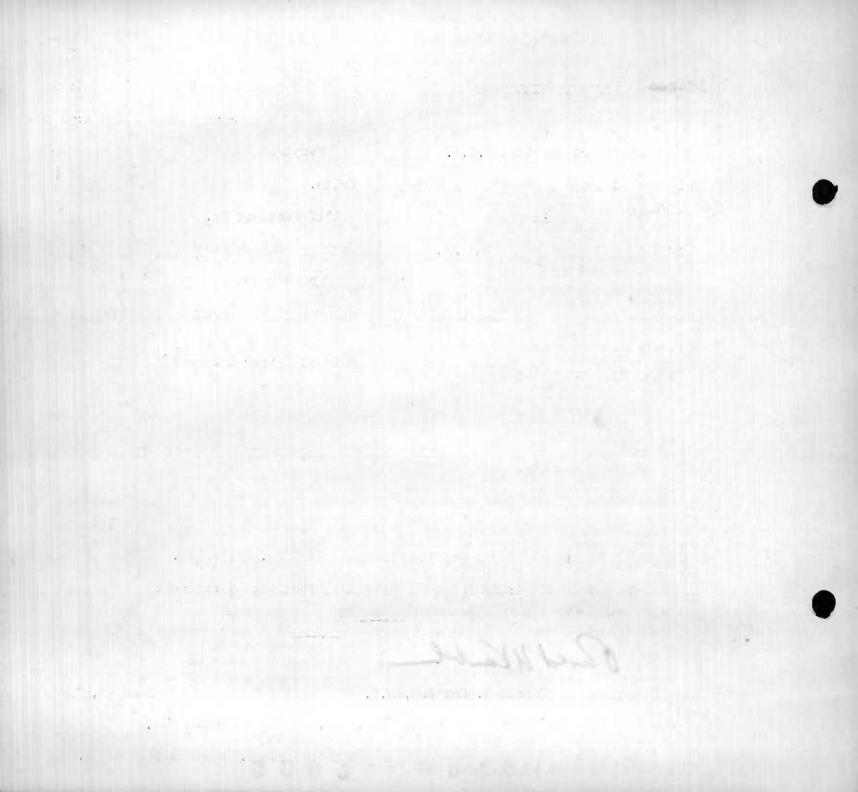
Kindsof Rost. Home BALTER HET The Falliga A Consisted there to French The was separations there and was 419/2 very Housem A. Ther. Ing Home Sameline

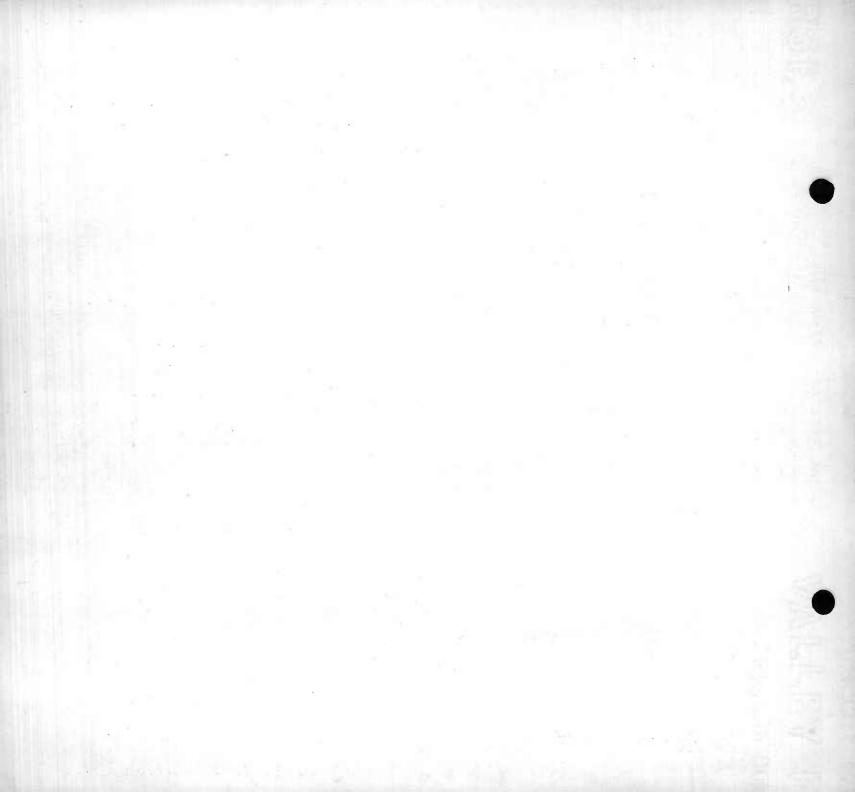
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68- 6057 BALTIMORE CITY HEALTH DEPARTMENT

Dietimone on The Activities			00	
MEDICAL EXAMINER'S CERTIFICATE	OF DE	ATH REG. NO.	68-	605

BIRTH NO.	REG. NO.	
I. NAME OF DECEASED [Type_or Print)	2. DATE Known X Month Doy	Yeor Hour
Alfonso BENJAMIN WILLOUGHBY	OF DEATH Estimoted 0 6 9	68 1:45 рм.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	1060 1.45 -
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, if institution:	1968 1:45 р м
	A. STATE B. COUNTY	esidence before dumission)
Provident Hospital D.O.A.	Maryland /	106
5. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE OT	Y (III)ITS?
Male Colored WIDOWED □ DIVORCED □	Balto. YES	No 🗆
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	
9-29-46 lost birthdoy) Months Days Hours Min.	1017 77	
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	1217 Whatcoat St.	
WHAT COUNTRY?		
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	Jasper Willoughby	
4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY lone during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME	
	/Della Parker	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL		DRESS
Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 212423119	James Willoughber	00m0
19. CAUSE OF DEAT	Jasper Willoughby	SAME APPROXIMATE INTERVAL
CAUSE OF DEAT		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH (A)IMMEDIATE C	AUSE Multiple gunshot wounds	
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:	
injury or complication which coused death.)		
+		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING (B) DUE TO, OR A	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE	AND A CONSEQUENCE OF.	
Z UNDERLYING CONDITION LAST. (C)		
2 2 9 8 1 X II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 204. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No)
22A EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.,	1 d 22C WHERE DID (III is but	YES
UNDERLYING OR CONTRIB. home, form, foctory, street, office	in or about 22C. WHERE DID (If in Boltimore City, give exact bldg., etc.) INJURY OCCUR?	
UTING CAUSE OF DEATH. Street	1600 Bl. Riggs Ave.	1603
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY	22F HOW DID INTURY OCCUPS	
(APPROX.) 6 9 68 1:05 WORK AT W	WHILE Shot during argument	
23.	JIJOU GUITING ATRUMENTE	
I certify that I held an Inquiry Inspection Aut	tapsy and that an this basis, death in my a	pinion
resulted fram: Natural causes Accident Suicid		
ACTUAL A / O. IV. IL	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE World Man M.D.	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Ronald N. Korblum, M.		ne 10, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town,	
REMOVAL (Specify) Burial 6-13-68 Arbutus Me	em. Pk. Arbutus Md.	
		DDECC
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		DRESS
111N 9 1 1968 D A A O ZOD	Kelson F. H. 1348 Calhe	oun St.
	0-16-11-15-15	





P-625

68- 6059 BALTIMORE CITY HEALTH DEPARTMENT

68- 6059

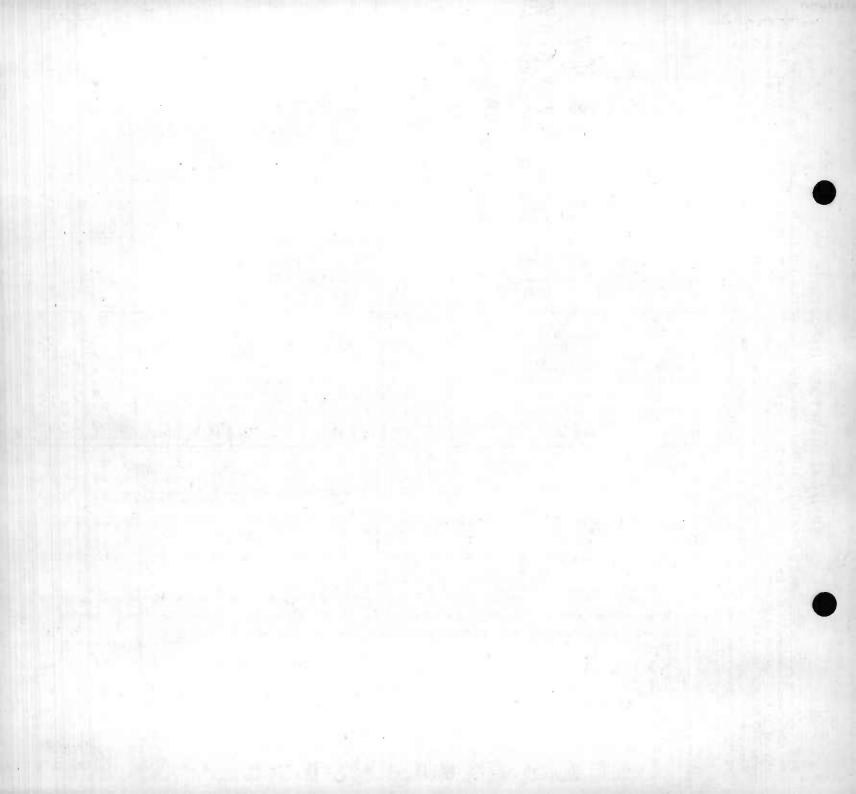
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	00- 6059
BIRTH NO.	120.110	
1. NAME OF DECEASED (Type or Print) TOCEDIL DEDICTION	OF Sallmated	Year Hour
JOSEPH PERKINS 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	8 5:20 p M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD	68 5:20p M
OR INSTITUTION .	5. USUAL RESIDENCE (Where deceosed lived. If institution: residue)	dence before admission)
60 1148 N. Stricker St.	A. STATE Maryland B. COUNTY	01
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LI	MITS?
Male Colored WIDOWED DIVORCED	Balto. YES] NO []
9. DATE OF BIRTH 8-12-20 10. AGE (In years If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min		
11. BIRTHPLACE (State or foreign country) Va. 12. CITIZEN OF WHALCOUNTRY?	13. FATHER'S NAME	
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTED done during most of working life, even if retired)	RY 15. MOTHER'S MAIDEN NAME	
done donning most of working me, even memedy	Lavenia Baptist	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no or unknown) (if yes, give wor or dotes of service) SECURITY NO.	18. INFORMANT ADDRE	SS
(Yes, no or unknown) (if yes, give wor or dates of service) SECURITY NO.	Minnie Perkins 1700 "ar	rwick Ave.
19. CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH (A)IMMEDIATE		abscess
heort lailure, asthenia, etc. It meons the diseose,	R AS A CONSEQUENCE OF:	
injury or complication which coused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	R AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
O HOVY		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V		
DISEASE OR CONDITION GIVEN IN PART 1 (A).	**************************************	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21.	AUTOPSY? (Yes or No)
		No
	p., in or obout 22C. WHERE DID (If in Boltimore City, give exact loc fice bldg., etc.)	ation)
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(AFFROX.) m. WORK AT	OT WHILE WORK	
I certify that I held on Inquiry Inspection XX A		ian
resulted from: Notural causes XX Accident Suici	ide Homicide Undetermined manner	
0 121/00	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE I hold Wkubl	ASSISTANT MEDICAL EXAMINER	DATE SIGNAED
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Ronald N. Kornblum, M.D.	. June	10, 1968
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETER)	Y or CREMATORY 24D. LOCATION (City, Iown, or	county) (Stote)
Burial 6-13-68 Mt. Auburi	n Cem. Balto. Md.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRE	SS
IIIN X 1 1968 A D & & & Fall	Kelson F.H. 1348 Calhor	un St.
AALL - VIAMA ALTANIA -	0600	

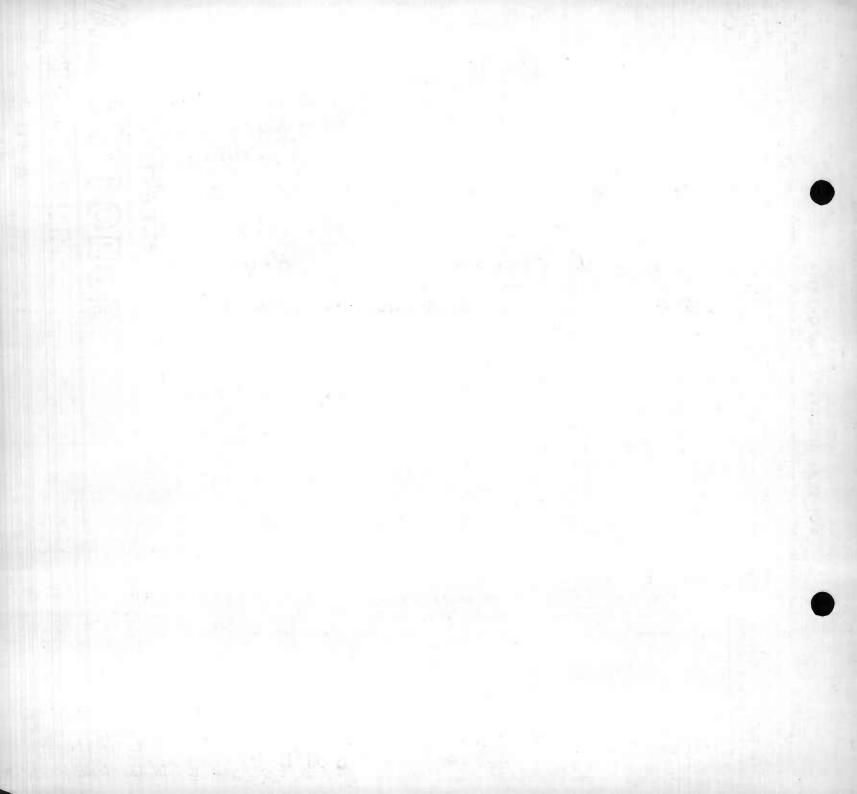
David Whenthe Such

68-60	BALTIMORE CITY	HEALTH DEPARTMENT		68- 6060
	CERTIFICA	TE OF DEATH	REG. NO	0000
BIRTH NO. 1. NAME OF DECEASED			AND HOUR OF DEATH	
Type or Print)	dans Combin	2. 0416		
James Richar 3. PLACE IN BALTIMORE, MARYLAND, WHERE PROP		14. USUAL RESIDENCE (W	6/8/68	nstitution: residence before admissi
S. PLACE IN BALIIMORE MARILAND, WHERE PRO	TOUNCED DEAD	A. STATE B. COL		Commission of the control of the con
FULL NAME OF (IF NOT IN HOSPITAL OR INS ADDRESS OR LOCATION)	TITUTION, GIVE STREET	Maryland		5-01
INSTITUTION		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
1454 N. Carey St	- NO. 1254 1	Baltimor		YES X NO
0 0		E. STREET AND NUMBER	_	
		1454 N.	Carey St.	
SEX 6. RACE 7. MARRIE	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min
Male Negro widow	EDX DIVORCED	5/7/79	89	
OA. USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUN
one during most of working life, even if retired)		Md.		II C A
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AAAF	U.S.A.
James Curtis			ius ^P arker	
S. Wos Deceosed Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dotes of service NO	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	216072426	William Cur	rtis 519	Sanford Pl.
18.4 12 1 10 0	CAUSE OF DEAT			APPROXIMATE INTERVA
DISEASES OR CONDITIONS, if ony, givinise to the obove couse (A) stoting I UNDERLYING CONDITION lost.	9	nome of E	Sophagus	4 mont
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID lifice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exoct locotion)
OF IN ITIES	21 E. INJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?	
Z (ABBROY)	While At Not While	е		
	Work Al Work	Danuary 6	11/3	une 8 1969
22. I certify that (1) (this haspital) attended		rin	1962 to 07	
that (I) (we) last saw the deceased alive a				inian death occurred an the
and haur and fram the causes stated above	. (I) (We) (did) (did nat) v	riew the bady after deat	1.	
Marches W Moore	Atto Phys	ending Med. Director	Staff Phys.	6/10/68
23 d. PHYSICIANS NAME (Type) Marcus W. Moo		1371N.C	arey St.	Botto. Md
PEAAOVAL (Specifu)	NAME of CEMETERY OF CRE		W 14	City, town, or county) (Sto
Burial 6-11-68	Arbutus Mem.	Pk. A	rbutus. Mar	rvland

25C. FUNERAL DIRECTOR
Kelson funeral Calhoun St. 1348 Home VS 150-REV. 1/1768

25B. NAME OF REGISTRAR





08-	6062

BALTIMORE CITY HEALTH DEPARTMENT

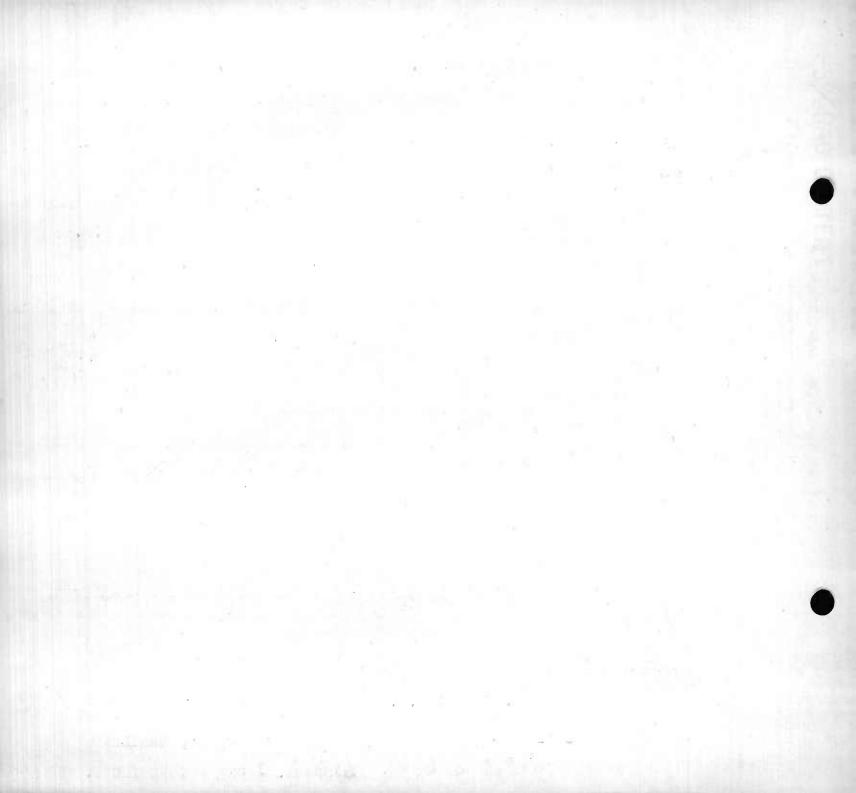
68-6062

BIRTH NO.	CEASED	0.50	CERTIFICA		2. DATE AND HOUR OF DE	A 711	
Type or Print)		CUTURE: A	27274 ~~				
3. PLACE IN BA	ALTIMORE MARYLAND, V		UNCED DEAD	4. USUAL RESID	JUNE 6, 196 ENCE (Where deceased lived B. COUNTY	. If institution:	residence before admission)
FULL NAME OF	F (IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET	MARYLA C. CITY OR TOW		RE CITY	CTTY LIMITS?
00	2001 BANK	חומיפוניו חוס		BALTI E. STREET AND		YES 5	NO
		MARYLA	NID	2001	BANK STREET	1	-0/
S. SEX	6. RACE		X NEVER MARRIED	B. DATE OF BIRT	H 9. AGE (In years	if Un	der 1 Yr. If Under 24 Hrs.
F	WHITE CUPATION (Give kind of wor	WIDOWED	DIVORCED	OCT 21	lost birthdoy) 66		s Days Haurs Min.
	of working life, even if retired)				(American	12. Ci	TT O
3. FATHER'S NA	AME	MISEKS	STAVERN	MARYI 14. MOTHER'S A			U.S.
JOSE	CPH BUTKA	DECE	CASED)	ROSE	LIE NOVAK (DECEAS	SED)
5. Was Decease	ed Ever in U. S. Armed Fo	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
NO			216-05-1959	TOSEE	H MISEK 2001	BANK	ST REET
OISEASES rise to I UNDERLYIN OTHER SIGN TO THE DEL DISEASE OI 19A-DATE OI 21A-ACCID OR CONTRI	ASE OR CONDITION DI LEADING TO DEATH nat mean the mode of s, osthenio, etc. It means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION last. II HIFICANT CONDITIONS CO ATH BUT NOT RELATED TO 1 CONDITION GIVEN IN PAI OF OPERATION 198. CON WAS PER ENT WAS UNDERLYING BUTING CAUSE OF fy medical examine?	dying, e.g., the disease, deoth.) ony, giving stating the ENTRIBUTING (HE TERMINAL RT 1 (A). DITTON FOR	(B)	20A. AUTOPSY	(Yes or No) 20B. IF YES, VIN CERTIFYING	CAUSES O	DYD. 35 CONSIDERED F DEATH? give exact location?
(APPROX.)	y that (1) (this haspita	Wh	nile At Not While	le 🖂		6-6	-68 19
1	dre 11		h kl Degree Phy	ending Me	ter death.		ATE SIGNED
NAME	THEODORI		ZNIK M. D.	429	5 Chester	81	2123/
24A. BURIAL CR REMOVAL	REMATION, 24B. DATE (Specify)	24C. N	AME of CEMETERY OF CR	PMATORY	24D. LOCATION	(City, town	or county) (State)
BURIA	L 6-11-		LY ROSARY C	EMETERY 25C. FUNERAL	DUNDALK,	MARY	AND ADDRESS 40/

VS 150-REV. 1/1/6B

1 1 1968 Of Deuts

6.JOHN M. WEBER & SONS INC S. CHESTER

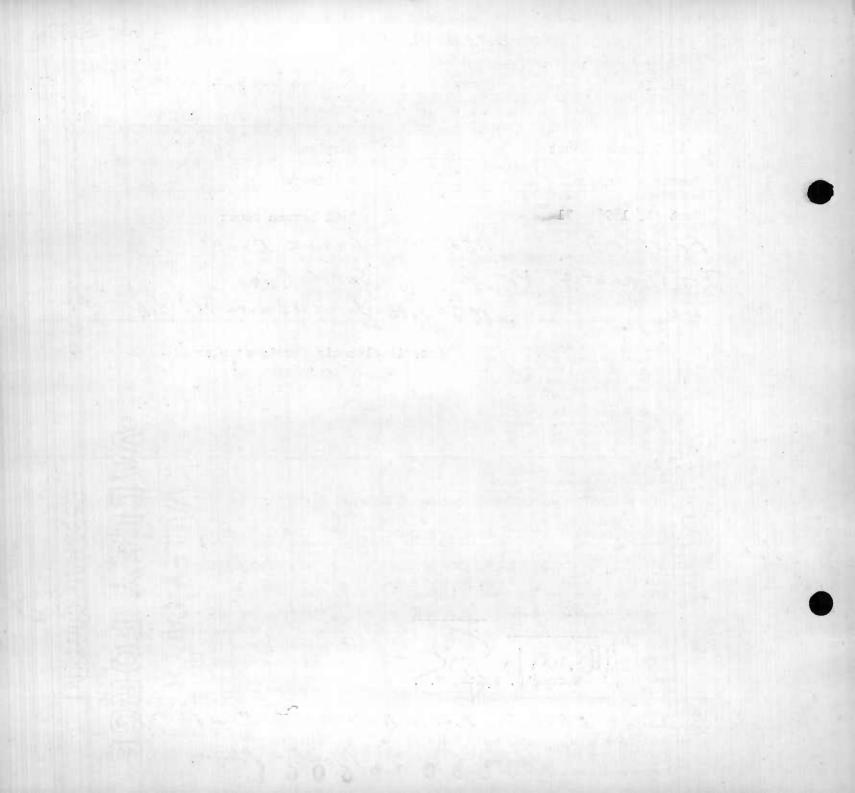


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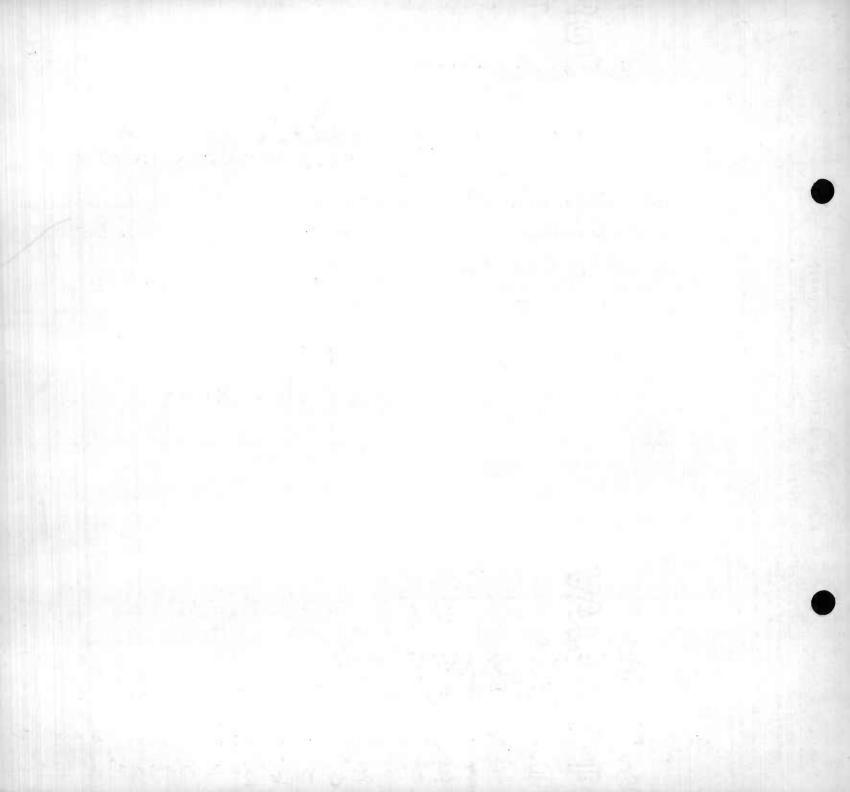
BALTIMORE CITY HEALTH DEPARTMENT

68-6063 MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

BIRTH NO.		MED	ICAL		WIIIAEK 2		CKIIII	CATE	JΓ	DEAT	REC	. NO		
. NAME OF DEC	EASED					11:	2. DATE	Knawn	1	Manth	Do	17	Yeor	Hour
Type of Print)	1			SMI	TH .		OF	Estimated	10000	June	11.		_	4:05 A M
. PLACE IN BAL		RYLAND, V	HERE PR			- 11:	DEATH 3. DATE		24	Month	Do		Yeor	Hour Hour
FULL NAME OF HOSPITAL OR INSTITUTION					GIVE STREET		PRONOUNCED DEAD June 11, 1968 5:05 A. M. 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)							
	Jorman	Court					A. STATE Mary		/here		B. COL		/S	before odmission)
S. SEX	7. RACE		8. MARR	IED N	EVER MARRIED		C. CITY OR	TOWN			D. IN	SIDE CIT	Y LIMITS?	
female	neg	ro	WIDOW	/ED 🗌	DIVORCED		Ba1t	imore				YES	s X	NO 🗆
DATE OF BIRT	1896	10. AGE (li			1 Yr. If Under 24 H Doys , Haurs , M			ND NUMBER						
Sept 1,		(oh		12. CITIZ	ENIOE	-	13. FATHER	Lorman	L_CC	ourt_				
BALTE	^)			T COUNTRY?		-	D WILL	B	PNIS	5			
4A.USUAL OCCU			14B. KIND	OF BUS	NESS OR INDUS	STRY	-	-	NAM	E				
POT DO	m537	76	PV	T. H	mm. Ly		SAD.	15 (1	10	8				
6. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	? 17.	SOCIAL		18. INFORM	TIAAA				ADI	DRESS	- 1
Yes, no ar unknown	(if yes, give v	var or dates	ar service)	210	SECURITY NO.	8	Unn	55 H.S.	7	TN 1	601	1201.	LMAI	NLF
19.4/2	7-1			4-4-	CAUSE OF D	EATI							AF	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
DISEAS	E OR COND		CTLY		Arteri	osc	leroti	c Cardi	0378	scula	r Di	seas	e	
/74.	LEADING TO				(A)IMMEDIAT	TE CA	AUSE							*****
heart failure	at mean the , osthenia, etc	It meons the	disease,		DUE TO, C	OR AS	S A CONSEQ	UENCE OF:						
injury or car	nplication whi	th coused dec	oth.)					100.00						
AI	NTECEDENT	CAUSES			(B)									
DISEASES	OR CONDITI	ONS, IF ANY	, GIVING		DUE TO,	OR A	S A CONSE	QUENCE OF:						
	ABOVE CA		ING INE										3	
6	7				(C)									
	IFICANT COM													
= 10 IIIL DE	ATH BUT NOT CONDITION			INAL										
20A. DATE OF	OPERATION	1 20B. COI	NOITION	FOR WH	ICH OPERATION	WAS	S PERFORN	ED					21. AUTC	OPSY? (Yes or No)
5														No
	NAL CAUSE			22B. PL A	CE OF INJURY (e	e.g., ir	n or obout 2	2C. WHERE D	ID (I	f in Boltimor	re City,	give exact	locotion)	
UNDERLYING CA	USE OF DEA			home, far	m, tactory, street, c	affice	bldg., etc.) II	NJURY OCCU	R?				DA.	
OF INJURY	(Month) (E	oy) (Yeo	·) (Hour	,	NJURY OCCURRE			2F. HOW DID	INI	URY OCCI	JR?			
(APPROX.)				m. WHILI		AL MC								
23.					557									
I cert	ify that I h	eld on I	nquiry L	In	spection X	Auto	орѕу	ond that a	on th	is bosis,	deoth	in my o	pinion	
resul	red from: N	aturol cau	ses X	Acci	lent Sui	icide	Ho	micide	U	Indetermi		nner]	
	14.1/	10	. 1		7	-		CHIEF MEDIC	AL E)	AMINER				DATE SIGNED
SIGNAT	IDE // W	She	3/10	- 7	me -	M.D.	ASSI	STANT MEDIC	AL E	AMINER				DATE SIGNED
EXAMIN		Werne	r U.	Spat		141.5.	ASSC	CIATE MEDIC	AL E)	AMINER			6	5/11/68
NAME (1		,,,,		-17										
24A. BURIAL CREATER AND VAL (Speci	64)	L /14	168	240.	BALTU.	RY o	P TIUI	NAL 2	4D. L	SAL	_	ty, tawn,	or county	(State)
25 A. DATE REC'D	BYHEATH	1968	258 N	AME OF	REGISTRAR	S.	25C.	UNERAL DIR	ECTO	R	21	AD AD	DRESS	Laws (t
	-			-1	3-15	-	1/1	0	1	Lili	6	~ /	1	00
S 151-REV 1/1/AF	3	1	4	100	The same of the sa			0						



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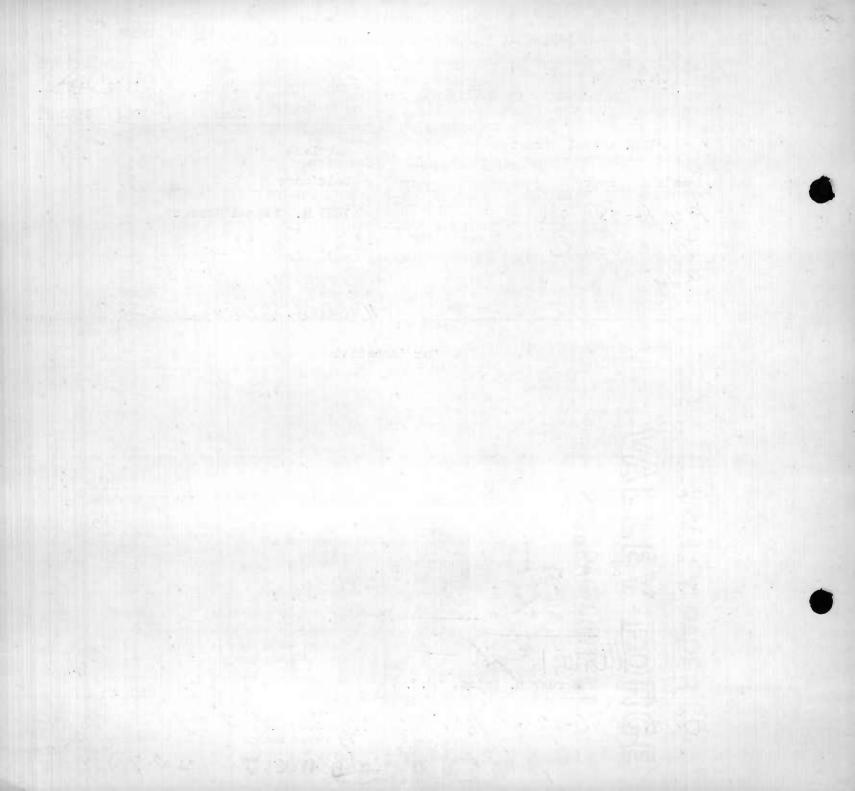
BIRTH NO.

100	COUC		
		RALTIMORE CITY HEALTH DI	E

. NO.
-

68-6065

NAME OF DECEASED		2. DATE	Known 🔲	Month	Doy	Yeor	Hour	
Type or Print) LILLIE	FARMER	OF DEATH	Estimoted 🔯	June	9	1968	3:00	A. M.
. PLACE IN BALTIMORE, MARYLAND, WHER		3. DATE	21	Month	Doy	Yeor	Hour	M.
ULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION OR INSTITUTION	R INSTITUTION, GIVE STREET		NCED DEAD	June		968	8:10	
0 01037 N. Chapel Stree	et	A. STATE	yland		COUNTY	7	04	31911)
SEX 7. RACE 8. A	MARRIED NEVER MARRIED	C. CITY OR	TOWN	D	. INSIDE CIT	Y LIMITS?	/	
female negro wi	DIVORCED DIV		timore ND NUMBER		YE	s X	NO 🗆	
May 16-98 ost birthdoy) 70	Months Doys Hours Min.	103	7 N. Chap	pel Stre	eet			
1. BIRTHPLACE (State or foreign country) Makeuland	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'	Chow	n,				
4A. USUAL OCCUPATION (Give kind of work) 14B. one during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER	S MAIDEN NAM	AE PACK	- 19	,		
(es, no or unknown) (If yes, give wor or dotes of se		18 INFORM	ANT STORY	illia	AD	DRESS 7	cha	nols
19. 199 0.	CAUSE OF DEA	ATH	an 12 11	Mum			PROXIMATE IN	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury or complication which caused death.)	(A)IMMEDIATE (omatosis CAUSE AS A CONSEQ	JENCE OF:			BETW	VEEN ONSET A	ND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVEN STATE OF THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTINUE TO THE DEATH BUT NOT RELATED T	(C)	AS A CONSEC	UENCE OF:					
DISEASE OR CONDITION GIVEN IN PART 1 20A. DATE OF OPERATION 20B. CONDIT		AS PERFORM	FD	21 AUTO	PSY? (Yes o	or No)		
	TOTAL WINGINGS EXAMORY WA	AS TERI ORIN			No			
	22B. PLACE OF INJURY (e.g., home, form, foctory, street, offic	in or obout 2: ce bldg., etc.)	C. WHERE DID ((If in Baltimore (City, give exoc	t locotion)		
		WHILE WORK	F. HOW DID IN.	JURY OCCUR	?			
I certify that I held on Inquiresulted from: Natural causes ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner	Inspection Au Accident Suicident M.D.	de Ho ASSIS	ond that on the micide HIEF MEDICAL ENTANT MEDICAL E	Undetermine XAMINER XAMINER	d manner	ppinion	DATE SIGN	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) CONTROL 25A. DATE REC'D BY HEALTH DEPT. 25	58 MX Cala	rary (Em C. UNERAL DIRECTO	a. C	(City, town,	or county)	mo	2
JUN 1 1 1968 R	Cut E talley MA	Re	eforez O	ande	re 21	70	Trest	on St
3 131-KEV. 1/1/00								

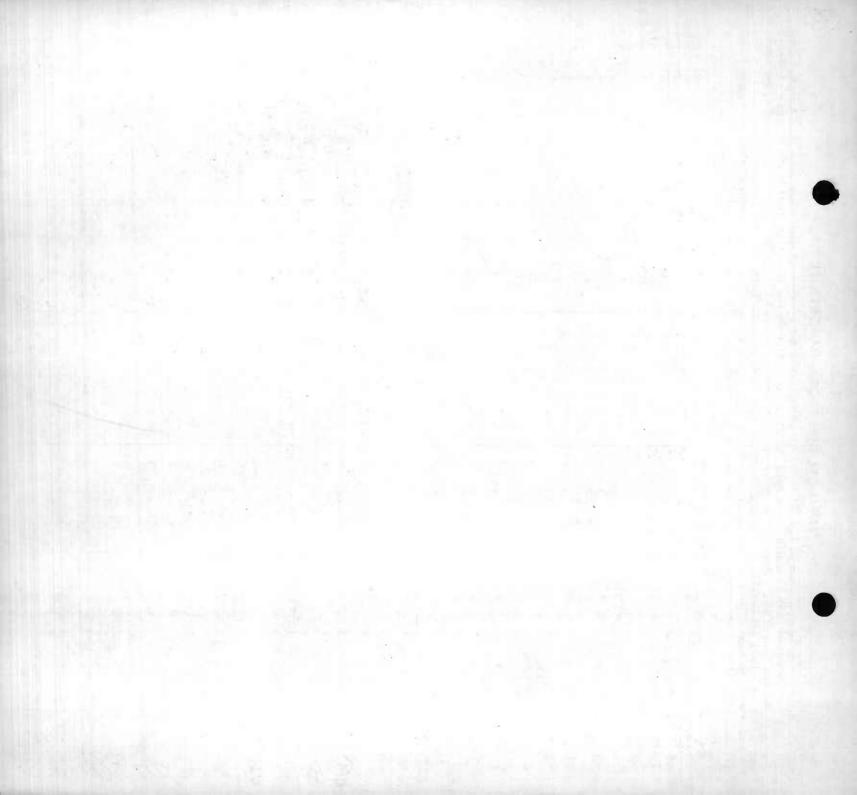


IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT lived. If institution: residence before D. INSIDE CITY LIMITS2 YES -NO If Under 1 Yr. Months: Doys tf Under 24 Hrs. Hours i Min. Months Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) 19 and that in (my) for apinion death accurred on the date 238. DATE SIGNED (Stote (City, town, or county)



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.

DANCE - The form is a multi-

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RIDTH NO			I C \ / C I / C A I C		
BIRTH NO.		- 6069 CERTIFICA		HOUR OF DEAT	
(Type or Print)		T Ueltman To			
2 BLACE IN BALTI		T. Holtman, Jr.	June 8	1968	institution; residence before admission
S. PLACE IN BALII	MORE MARILAND, WH	ERE PRONOUNCED DEAD	A. STATE B. COUNTY		This mondain residence before duffission
FULL NAME OF	(IF NOT IN HOSPITAL	OR INSTITUTION, GIVE STREET	Maryland B	alto.	24-04
HOSPITAL OR	ADDRESS OR LOCAT	ION)	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
112			Baltimore		YES NO
Y) Sou	th Baltimore G	eneral Hospital	E. STREET AND NUMBER		
			1605 XX Light	Street	
S. SEX	S. RACE 7	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Under 24 Hrs Manths! Oays Haurs! Min.
Male		WIDOWED DIVORCED	Feb. 13, 1957	11	Manths Oays Haurs Min.
	**	B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTR
dane during most of we	arking life, even if retired)				
			Maryland		U.S.A.
3. FATHER'S NAM	E		14. MOTHER'S MAIDEN NAME		
William T	. Holtman		Margaret P. Hol	ltman (Pra	asch)
S. Was Deceased I	ver in U. S. Armed Farce	s? 1 6. SOCIAL	17. INFORMANT	4/05	ADDRESS
Yes, na ar unknawn)	(If yes, give war ar dates	of service) SECURITY NO.			t Street
No		CAUSE OF DEAT		. Holtman	, Balto., Md. 21229
heort foilure, o	t meon the mode of c sthenio, etc. It means the dication which caused d NTECEDENT CAUSES	he disease,	ISE CELEBRA / // A CONSEQUENCE OF:	cary	direction ?
heart failure, o injury or comp Al DISEASES OR rise to the	sthenio, etc. It means t lication which caused d	tying, e.g., he disease, leath.) (8)			direction ?
heort foilure, o injury or comp AI DISEASES OR itse to the UNDERLYING	esthenio, etc. It means it lication which caused d NTECEDENT CAUSES R CONDITIONS, if or abave couse (A) s CONDITION last.	tying, e.g., he disease, leath.) (8)	A CONSEQUENCE OF:		directory.
heort foilure, o injury or comp AI DISEASES OR itse to the UNDERLYING OTHER SIGNIFIC TO THE DEATH	sthenio, etc. It means the lication which caused of MTECEDENT CAUSES R CONDITIONS, if or abave couse (A) s CONDITION last.	tying, e.g., he disease, leath.) (B)	A CONSEQUENCE OF:		June pen 3
heort foilure, o injury or comp AI DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	sthenio, etc. It means the lication which caused do NTECEDENT CAUSES CONDITIONS, if or abave couse (A) a CONDITION last. II CANT CONDITIONS CONTROL OF THE CONDITION SECONDITION SECONDITION SECONDITION SECONDITION SITE AND THE CONTROL OF THE CON	tying, e.g., he disease, leath.) (8)	A CONSEQUENCE OF:		E FINDINGS CONSIDERED AUSES OF DEATH?
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NOTICE TO THE DEATH CONTRIBUTED TO THE DEATH C	sthenio, etc. It means fillication which caused distribution which caused distribution which caused distribution (A) if or abave couse (A) is CONDITIONS, if or abave couse (A) is CONDITION last.	INTERPOLATION TRIBUTING TERMINAL TABLE 1 (A). TRIBUTING TERMINAL TON	20A. AUTOPSY? (Yes ar Na) n ar about 21C, WHERE DID fisce bldg., INJURY OCCUR? 21F. HOW DID INJUR 21F. HOW did in inding Med. She Director Ph	208. IF YES, WERIN CERTIFYING C	1968 Plnion deoth occurred on the da 23B. DATE SIGNED 6-10-68
Heort foilure, of injury or comp AI DISEASES OR USE to the UNDERLYING OTHER SIGNIFICATION TO THE DEATH DISEASE OR CO 19A. DATE OF CO 21A. ACCIDENT OR CONTRIBUT DEATH (notify re) 21D. TIME OF INJURY (APPROX.) 22. I certify to that (I) (we) I ond hour ond 23A. SIGNATUR 23C. PHYSICIAN	sthenio, etc. It means fillication which caused distribution which caused distribution which caused distribution (A) if or abave couse (A) is CONDITIONS, if or abave couse (A) is CONDITION last.	INING, e.g., he disease, leath.) (B)	a CONSEQUENCE OF: 20A. AUTOPSY? (Yes ar Na) n ar about 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJUR 196 196 and that triew the body after death. triew the body after death. triew the body after Director She Director S	208. IF YES, WERIN CERTIFYING C	23B. DATE SIGNED 6 - 10 - 68

Moreland Memorial Park C.

6-12-68

DEPT.

258 NAME OF REGISTRAR

Burial

VS 150-REV. 1/1/6

2SA. DATE REC'D BY HEALTH

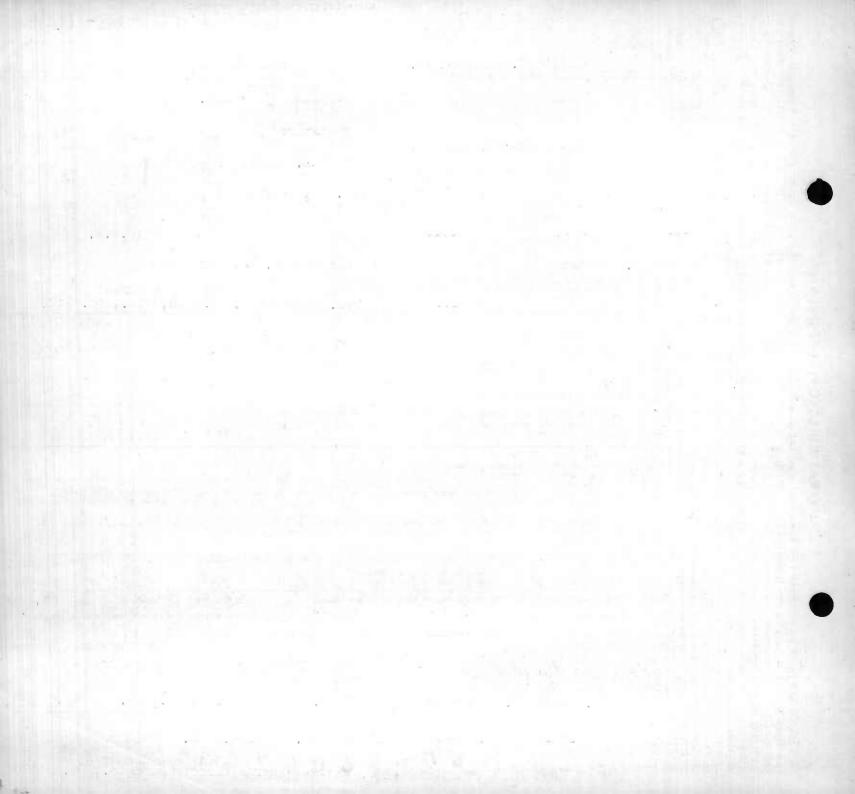
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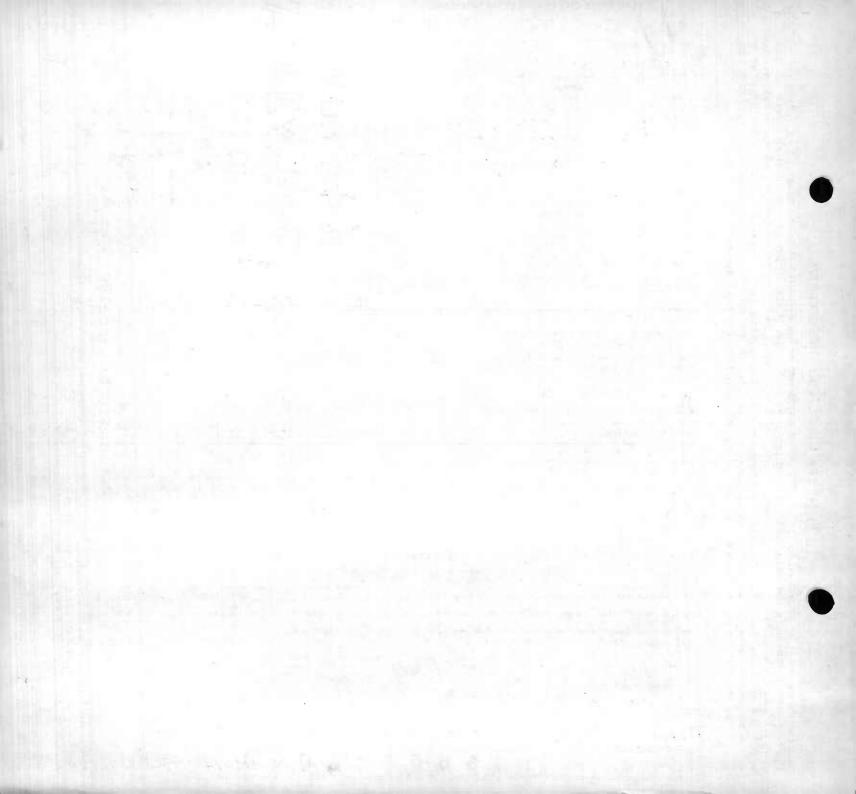
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4101 Edmondson Ave Md.

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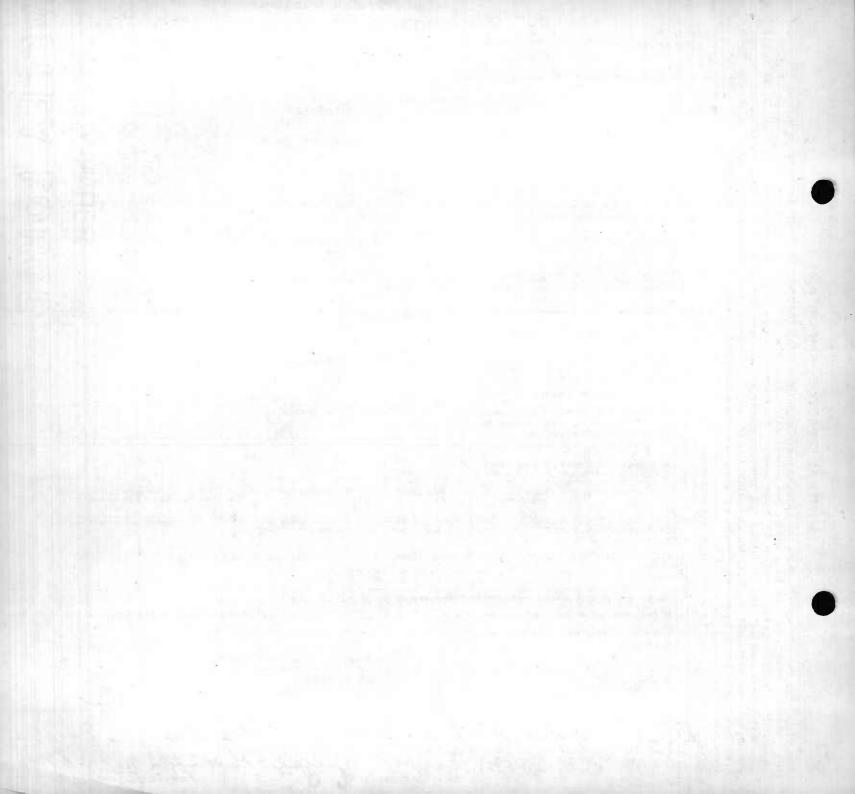
68- 6072 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO. Control C
SEX 7. RACE B. MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED STATE No Nov 5, 1902 10. AGE (In yeors lost birthdoy) 12. CITIZEN OF WHAT COUNTRY?
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 2804 Roslyn Avenue 6. SEX 7. RACE Negro WIDOWED DIVORCED 9. DATE OF BIRTH Nov. 5, 1902 10. AGE (In years lost birthdoy) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? WHAT COUNTRY?
ADDRESS OR LOCATION) 2804 Roslyn Avenue S. USUAL RESIDENCE (Where deceosed lived, H institution: residence before odmission)
2804 Roslyn Avenue A. STATE Maryland 6. SEX 7. RACE Negro WIDOWED DIVORCED 9. DATE OF BIRTH Nov. 5, 1902 10. AGE (In yeors lost birthdoy) Nov. 5, 1902 11. BIRTHPLACE (Stote or/foreign country) 12. CITIZEN OF WHAT COUNTRY?
Female Negro Never Married Never Milos Never Married Never Milos Never Married Never Milos Never Milos Never Married Never Married Never Married Never Milos Never Married Never Married Never Milos Never Married Nev
Female Negro WIDOWED DIVORCED Baltimore YES NO O 9. DATE OF BIRTH 10. AGE (In yeors lost birthdoy) 10.
9. DATE OF BIRTH 10. AGE (In years lost birthdoy) 2804 Roslyn Avenue 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? WHAT COUNTRY?
The think the little was the little
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY) 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired)
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dofes of service) 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dofes of service)
19. CAUSE OF DEATH RPPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
Arteriosclerotic cardiovascular disease
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:
heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)
AND CONTRACTOR AND CALLEGE
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(c)
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No)
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No)
No
Z2A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., In or obout 22C. WHERE DID (If in Boltimore City, give exect location)
UNDERLYING OR CONTRIB- home, form, foctory, street, office bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) M. WORK AT WORK
23. I certify that I held an Inquiry Inspection X Autopsy and that an this basis, death in my apinion
resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER
ACTUAL ASSISTANT MEDICAL EXAMINER X
SIGNATURE M.D.
EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER June 6, 1968 NAME (Type)
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial Sun 11,1968 Mt. Calvery Cem, Glenhuraie Ma
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
VS 151-REV. 1/1/68 VS 151-REV. 1/1/68

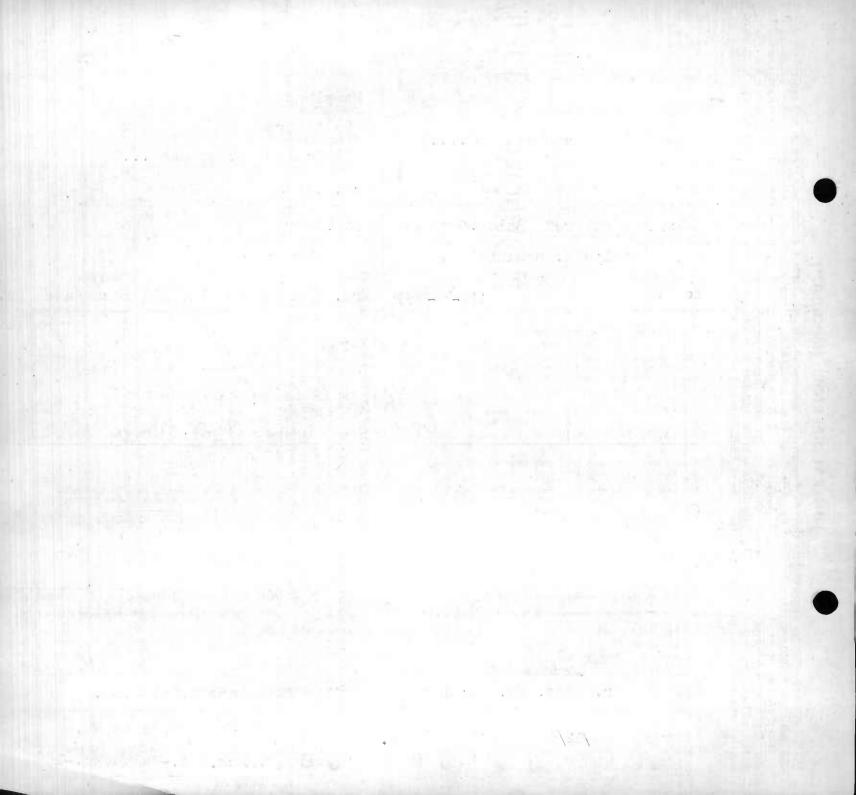
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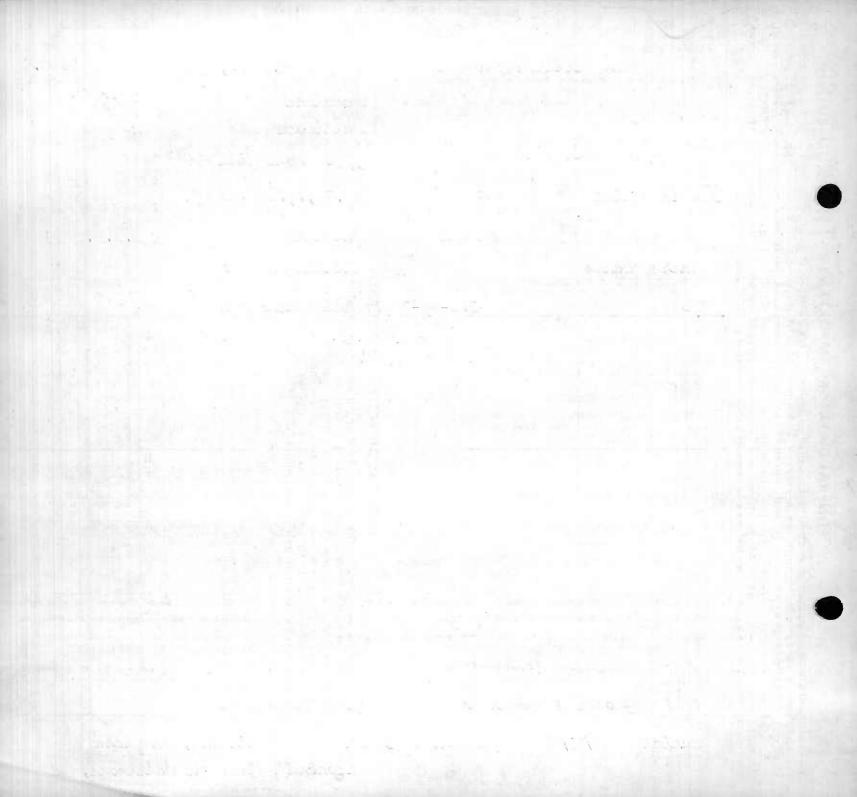


	68	3- 6	DIZA BALTIMORE CITY	HEALTH DEPARTMENT	and the same of	
BIRTH NO.) ():	CERTIFICA	TE OF DEATH	REG. NO.	68- 6074
1. NAME OF D (Type or Print)	BERNHAI	יית	F. SCHAUFELI	3	AND HOUR OF DEATH	11150
2 PLACE IN B	ALTIMORE MARYLAND, W			oun	e 9, 1968	stitution; residence before odmission)
3. PLACE IN B	ALIMORE, MARILAND, W	HERE PROI	NOUNCED DEAD	A. STATE B. COL	UNTY	sillulion: residence before odimicalon)
FULL NAME (HOSPITAL OR INSTITUTION	OF (IF NOT IN HOSPIT ADDRESS OR LOC.	AL OR INS	TITUTION, GIVE STREET	Maryland c. City or town	D. INSI	DE SITY LIMITS?
400	3117 Loch I	Raven	Rd18	Baltimore E. STREET AND NUMBER		YES X NO
				<u> </u>	n Raven Roa	d18
5. SEX	6. RACE	7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
male	caucasian	WIDOW		Dec.5,1890	77	
	CUPATION (Give kind of war of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	neign country)	12. CITIZEN OF WHAT COUNTRY
	an, retired	Bal	to.City PD	Baltimore		USA
3. FATHER'S				14. MOTHER'S MAIDEN N	AME	
	Adolph W.	Schau	fele	Mary B:	ish	
S. Was Decease Yes, no or unkno	sed Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no			220-46-5699 CAUSE OF DEAT		chaufele,31	17 Loch Raven Ro
UN DERLYI	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION lost. 3 X II NIFICANT CONDITIONS CO EATH BUT NOT RELATED TO T R CONDITION GIVEN IN PAR	G (c) Vasaci	a consequence of: lar Peplaso	- Hyperte	ekòk	
19A.DATE	OF OPERATION 198. CON WAS PER		R WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
OR CONTR	DENT WAS UNDERLYING [IBUTING CAUSE OF tify medical examiner)		21B. PLACE OF INJURY (e.g., i hame, form, foctory, street, o etc.)	n oi obout 21 C. WHERE DID ifice bldg., INJURY OCCUR?	(If in Boltimare	e City, give exoct lacation)
21 D. TIME OF INJURY	(Month) (Doy) (Yeoi)	(Hour)	21E. INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
₹ (APPROX.)			While At Not While Work	e 🗍		
00.1				41-10/2	111	11.0 0 18
	ify that (I) (t his hospi ta			1 (-100	19 to 19	VUL 7 19 6 8
	re) last saw the decease		/			nion death accurred an the date
and hour	and from the causes sta	ted abave	. (1) (We) (did) (did nat) v	iew the body after deatl	n.	
23A. SIGNA	TURE					23 B. DATE SIGNED
OVE	as Duchas	unter	DEGREE Phy	nding Med. Director	Staff Phys.	June 10. 1968
23C. PHYSIC	CIAN'S	weren.		23D. ADDRESS		7
NAME	(Type) Dr. Chas	. Wm.	Edmonds	2746 The	Alameda, Ba	lto, Md.
24A. BURIAL C	REMATION, 24B. DATE	24C	DEGREE . NAME of CEMETERY OF CR			y, town, or county) (State)
buri	- 11-110		Immanuel Com.	G	rindon Ave,	Balto, Md.
	D BY HEALTH DERT.	25B. NAM	E OF REGISTRAR	Leonard J	Ruck, Inc	Balto, Md14
/S 1S0-REV. 1/	1/68	1				



Such

	68- 6	BALTIMORE CITY	HEALTH DEPARTMENT		CO OSHAL
	00-0	CERTIFICA	TE OF DEATH	REG. NO	68- 6075
BIRTH NO.		OEKTII TOX		ID HOUR OF DEATH	
Type or Print)	1.11.	11		ID HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARY	Lillian	Harmeyer	June	10,1968	0 71. N
B. PLACE IN BALTIMORE, MARYL	LAND, WHERE PR	ONO UNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. It in	stitution: residence before admission
FULL NAME OF (IF NOT IN	AL OC LATIGOOM L	ISTITUTION, GIVE STREET	Maryland		7-20
HOSPITAL OR ADDRESS	OR LOCATION)	ASTRONOM, GIVE STREET	C. CITY OF TOWN	In INS	DE CITY LIMITS?
NSITOTION			Baltimore	0. 1113	YES NO
00	1 11.11	0.1	E. STREET AND NUMBER		113 [110]
5748 Map.	le Hill	Rd	5748 Maple	Hill Rd	
. SEX 6. RACE	7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 Hrs.
Famala White			A 22 1016	last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
temale White		WED DIVORCED	Aug. 23, 1916	5/	
ane during mast of warking life, even		D OF BUSINESS OR INDUSTRE	11. BIRTHPLACE (State or fare	ign country)	12. CITIZEN OF WHAT COUNTRY
Hostors	Res	taurant	Manuland		U.S.A.
3. FATHER'S NAME	1100	rua cara	14. MOTHER'S MAIDEN NA	ME	Madelle
И О			(:11: C1.		
Harry Bangs			Lillian Shi	pper	
o. Was Deceased Ever in U.S. A es,no or unknawn) (If yes, give w	rmed Farces?	ice) 1 6. SOCIAL SECURITY NO.	7. INFORMANT		ADDRESS
No	2. 2. 2. 3017	218-05-279	Kaith Hann	auar	Same
			Keith Harm	eyer.	APPROXIMATE INTERVAL
18. / 6 2 / 1		CAUSE OF DEATH	. 0.		BETWEEN ONSET AND DEATH
DISEASE OF CONDIT		Dronde	ognie ca	removed	121-122
LEADING TO		(A)IMMEDIATE CAUS	E		greece
(This daes nat meon the theat failure, asthenia, etc.		e.g., DUF TO OR A5 A	CONSEQUENCE OF:		
injury ar camplication which					
ANTECEDENT	CAUSES				
		(B)	A CONSEQUENCE OF:		
rise la lhe abave cau		The	CONSEQUENCE OF.		
UNDERLYING CONDITION		(c)			
1/0/ 11					
OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTI	NG			
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELA DISEASE OR CONDITION GIVE	ATED TO THE TERMI	NAL			
DISEASE OR CONDITION GIVE		OR WHICH OPERATION	20 A. AUTOPSY? (Yes at No	20B. IF YES. WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION	WAS PERFORMED		200	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDER	N VING 🗆	21B. PLACE OF INJURY (e.g., in		AC :- Palatera	City also and leading
OR CONTRIBUTING CAUSE	OF	hame, farm, foctory, street, off	ce bldg., INJURY OCCUR?	(it in boilinos	re City, give exoct lacotion)
DEATH (natify medical examin	er)	etc.)			
	(Year) (Haur)	21E, INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
OF INJURY		While At Nat While			
TAPPROX/		Work L At Work			
22. I certify that (I) (this	hospital) attend	led the deceased from NC	V Y -	1968 to hu	10- 1968
that (I) (we) last saw the	deceased alive	on muce 7	1968 and th	at in (my) four ani	nlan death accurred an the dat
				(a) (((())) ((a)) (a))	man decorred an me da
	ises stated abav	re. (I)" (We) (did) (did nat) vi	ew the bady after death.		
23A. SIGNATURE					23B, DATE SIGNED
20 Joken	uner	Dhue	ding Med.	Staff Phys.	6/10/68
23C. PHYSICIAN'S	/ //	DEGREE	3D. ADDRESS	,-	
NAME (Type)	acV	0 40	11 1	101	
yeorgi	e y Sawy	er gr IID DEGREE	4808 Harfor	dKd	
AA. BURIAL CREMATION, 248.	DATE 24	C. NAME of CEMETERY of CRE	MATORY ZAD. L	OCATION (C	ty, tawn, or caunty) (State)
REMOVAL (Specify)	32/60	C. J 017	: 16	14:	W / /
	13/68		rith Ba	Itumore, 1	ADDRESS
5A. DATE REC'D BY HEALTH DI	EPT. 25B. NA	WIE OF REGISTRAK	25C. FUNERAL DIRECTOR	0 1	D-14: MI



IMPORTANT

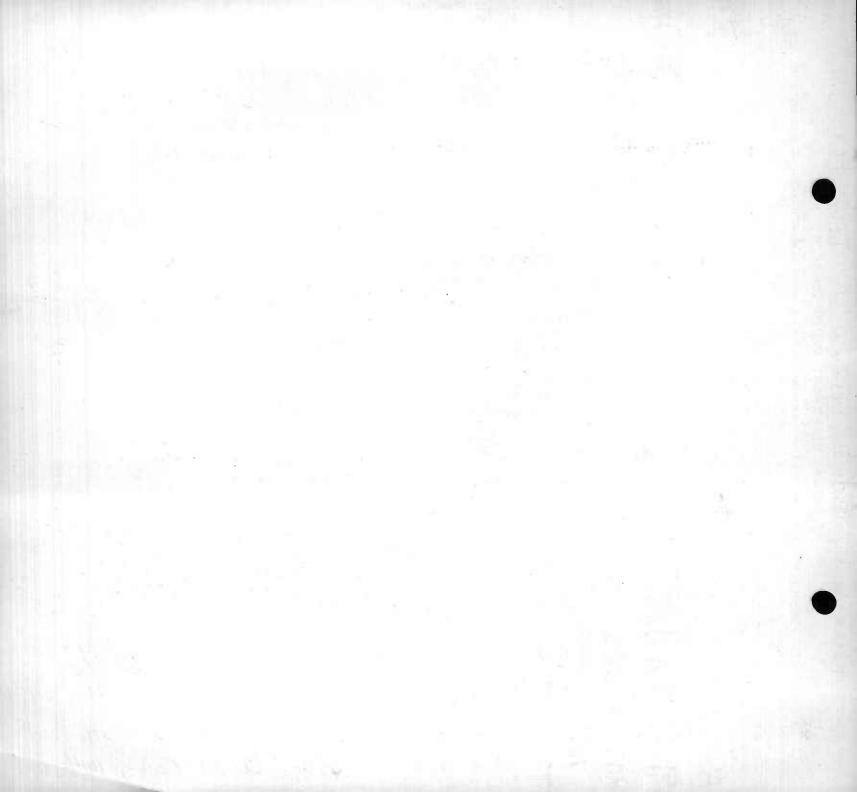
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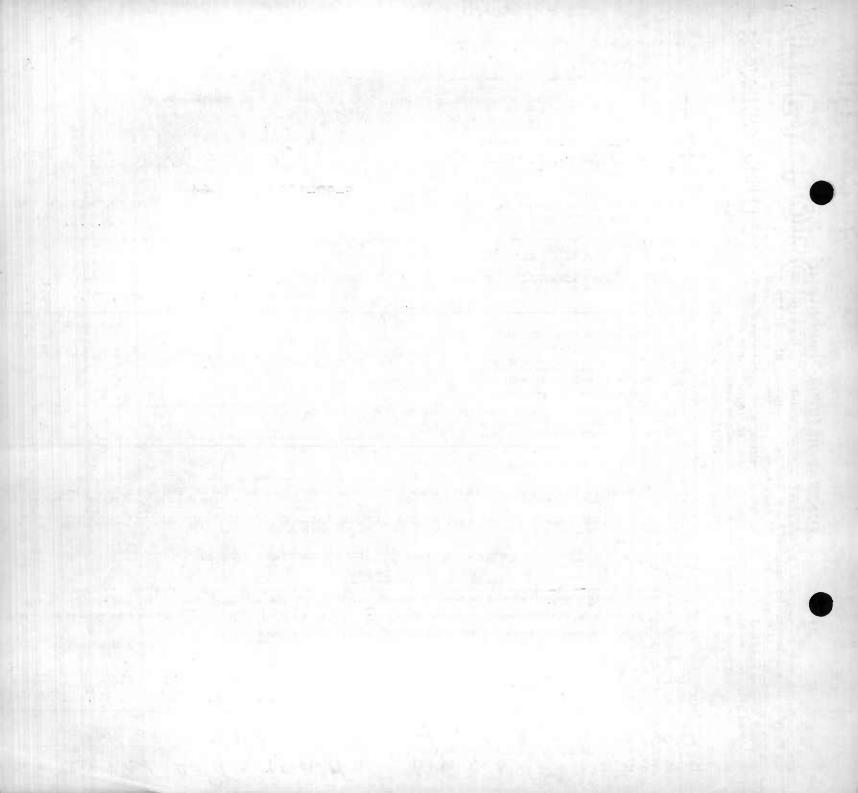
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BALTIMORE CITY HEALTH DEPARTMENT

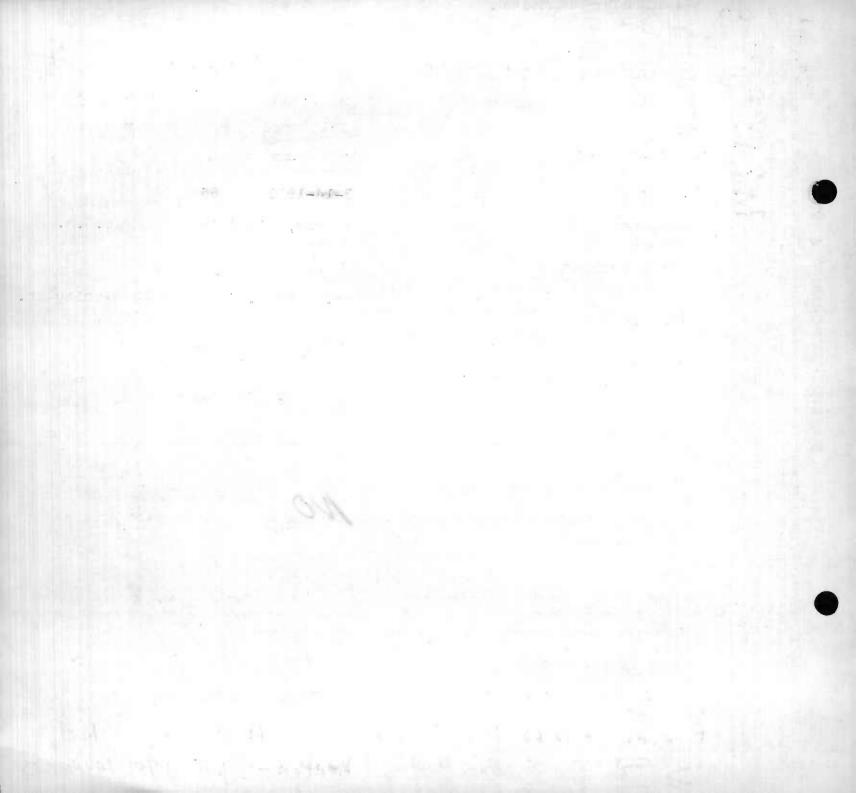
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G-	- フロ 11	68- 6077 BALTIMORE CITY HEALTH DEPARTMENT SEG NO. 108- 6077
0	75705	CERTIFICATE OF DEATH
	and eath ased the the	BIRTH NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
	de de S	(Type or Print) Rose 905 Net 619/68 720 AM
9	it of the	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 8. COUNTY
2	S) De	
ZZ.	da G	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS?
D.Base	se ca	No Reistown YES NO B
	in age of a contract of a cont	Marsland Imral Nason to FE. STREET AND NUMBER
_	d d d	Nico demus ra
3	ibu d d	S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys Hours Min.
30	ntr mr m eguegues m	WIDOWED DIVORCED 9/26/92
3	re r	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
9	de inde	Thousand UNT
9	de Ur Uras	13. FATHER'S NAME
3 _	÷ 9€ 3 + 3 d s	Charles Schwatka Fannie Geist
Z	4 4 4 6 E	
SA	sta in lea lea	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 9659A NVS Jessie Tracey Reisterstawn,
0 5	y k	
0	s and an and or	BETWEEN DISET AND DEATH
3 2	So of of the contract of the c	LEADING TO DEATH STORY
3 -	PA 5 5 E	(This does not meon the mode of the mode o
5 %	er. ctu oro ar	heart failure, asthenia, etc. It means the disease to injury or complication which coused de to the state of
90	in a se	ANTECEDENT CAUSE
35 G	A A P	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
S W	3) (g	UNDERLYING CONDITION lost.
> =	cal S; (ins	
8 -	lice lice rr sic sic w	other significant conditions contributions Contributions Contributions Contributions
3 A	bon by hy	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A)
2 4	he dy he	2 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A ANTOPSY? (Yes of Nol) 20B. IF YES, WERE FINDINGS CONSIDERED
Z Z	chi Bo th th	E 4/6/12 L TX. FI P
~ 5	phe 2 phe	21A. A CIDENT WAS UNDERLYING 21B. FLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
50	he he	DEATH (notify medical examiner) etc.) Dome Resters from Md Re
0	by & D	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	hos hos in (6)	OF INJURY (APPROX.) (0) 5 / 68 AM While At At Work At Work
-	y n nd	1910
20	en the	
3	ust be appeared to dent of cospital death) must be	
3	the a used to ent of spital death)	and haur and fram the causes stated abave. (I) (we) (did) did nat) view the bady after death. 23A/SIGNATURE 23B. DATE SIGNED
3	leas leas lide hos o do	
X	rele acci a h r to	OEGREE Phys. Director Phys. (9/7/10)
	was r An a An a prior	23D. ADDRESS PAME (Type) A C C C C C C C C C C C C C C C C C C
	y was rely y was rel (1) An acc).A. at a l d prior to approval	Mcholas 1005ch DEGREE Maryland General MOSPITON
	P C O B E	24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	body ws: (D.O ease	Bunal June 11,1968 Druid Ridge Com. Pikesville, Batto. Md.
	This certif the body shows: (1) was D.O deceased written a	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS
	まれは 3点3	JUN 1 1300 Worker & Marien Hills, lud.
	1	VE 160 DEV 1/1//0





VS 150-REV. 1/1/6B



VS 150-REV, 1/1/68

NO

ADDRESS

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

LAURENS

If Under 24 Hrs. Hours : Min.

The Hardward Same mondath with The Charles W. Hall the se the Burnet 1 - 1 - 1 Helen Con Hallow Death I washed

68- 6081 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH 68-6981
IRTH NO.	REG. NO.
NAME OF DECEASED	2. DATE Known Month Doy Yeor Hour
JESSE DUNN	OF DEATH Estimoted 6 10 68 2:55 a M.
	3. DATE Month Doy Yeor Hour
JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL ADDRESS OR LOCATION) R INSTITUTION	PRONOUNCED DEAD June 10, 1968 2:55 a M.
KINSHIDION	5. USUAL RESIDENCE (Where deceosed lived, If Institution: residence before odmission) A. STATE B. COUNTY
2617 Pennsylvania	Maryland
SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Colored WIDOWED DIVORCED	Balto. YES XX NO
DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
5-20-1921 lost birthdoy) Months Doys Hours Min.	2617 Pennsylvania
. BIRTHPLACE (State or foreign cauntry) 12. CITIZEN OF	13. FATHER'S NAME
TARboro N.C. WHAT COUNTRY?	Redmond Dynn
A USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	
one during most of working life, even if retired)	Anxie Louise Dunn
. WAS DECEASED EVER IN U.S. ARMED FORCES? [17. SOCIAL	HNDIE LOUISE LINN 18. INFORMANT ADDRESS
es, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	11 A. T
X38-24-8441	Mrs. Clara Jones 820 N. Woodington &
19. 4 9 3 X	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	Augs Propohial agahama
(This does not mean the mode of dying, e.g., (A)IMMEDIATE C.	AUSE Bronchial asthma S A CONSEQUENCE OF:
heort foilure, osthenio, etc. It meons the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR A	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
	7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
DATE OF OPERATION 200. CONDITION FOR WHICH OPERATION WA	S PERFORMED
	No
	in or about 22C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB- home, farm, factory, street, affice UTING CAUSE OF DEATH.	biographic occurs
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	WHILE [7]
23.	ORK LJ
I certify that I held an Inquiry Inspection XX Aut	opsy and that on this bosis, death in my opinian
resulted fram: Natural causes Accident Suicide	
ACTUAL 6/ DAIL 18	CHIEF MEDICAL EXAMINER L
SIGNATURE Chold Wkant M.D.	ASSISTANT MEDICAL EXAMINER [X]
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Ronald N. Kornblum, M.D.	
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
EMOVAL (Specify)	Not Kalls Md.
burial 10-13-60 10414.	OFI, SHIPO, III
5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
IIIN 1 1 1066 0 0 0 0 2 0 -	MORTON & SPET 1701 LAURENS
3 151-REV. 1/1/6B	J. WING.
131-16-171700	V

- Jan - Charles - Land and the second Teceno, Aid U.S.A Redmend Dinin Anxio leves Donne ex-20-2009 Mrs Class Jones 820 p. block 70741070 Complete St. Representation of the Complete St. Rep 6-18-68 BOIL WAT. BAILD. fucasi THE THE THE PARTY OF BOTH

Internal Singles who

IMPORTANT

FUNERAL DIRECTOR:

68-	6083

BALTIMORE CITY HEALTH DEPARTMENT

58- 60R2

BIRTH NO.	EASED	0000	CERTIFICA	TE OF DEATH	ND, HOUR OF DEAT	Н
	Emile Zufluch	nt			#th.1968	۸ ﴿
7 So FULL NAME OF HOSPITAL OR INSTITUTION	timore maryland, wouth Broadway (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUT		Maryland Bal C.CITY OR TOWN Baltimore E. STREET AND NUMBER	timore D. IN	NSIDE CITY LIMITS? YES X NO
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGF (In years	If Under 1 Yr. , If Under 24 Hrs
Female	White	WIDOWED	DIVORCED	Jan. 30-1874	n 94	Months Doys Hours Min.
OA, USUAL OCCU	UPATION (Give kind of work	10B, KIND OF	SUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTR
Housew	working life, even if retired)	Uama		Annual a		T. C. A
3. FATHER'S NAM		Home	•	Austria 14. MOTHER'S MAIDEN NA	ME	U.S.A.
Yes, no or unknown)	Ever in U. S. Armed For (If yes, give wor or dote		6. SOCIAL SECURITY NO.	Hannah 17. INFORMANT Dr. JosephZufl	ucht 7 Sou	ADDRESS 1th Braadway, Balto.
18. // /			CAUSE OF DEAT		ucht / 500	APPROXIMATE INTERVAL
DISEASES OF TISE TO THE PERSON OF THE PERSON	ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost. I I I I I I I I I I I I I	ony, giving sloling the NTRIBUTING HE TERMINAL	(B) DUE TO, OR A:	sel W. d	islast	10 yn-
19A. DATE OF	OPERATION 19B. CON WAS PERIOD WAS UNDERLYING	DITION FOR W		in or obout 21C. WHERE DID	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
	TING CAUSE OF medical examiner)	Mome, etc.)	lorm, loctory, street, o	office bidg., INJURY OCCUR?		
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		NJURY OCCURRED Not Whi At Work		JURY OCCUR?	1
that (I) (we)		ed alive an	6/0/	19 8 and the view the bady after death.		pinian death accurred an the de
1/0/	T //-	man	Phy	ending Med. Director	Staff Phys.	1/2/18
23C. PHYSICIA NAME (T	MCC / LLE AN'S Typel	(OEGREE	23D. ADDRESS		0/1/00

VS 150-REV. 1/1/6B

Sylvan Silewis & Son Garrison, Md.

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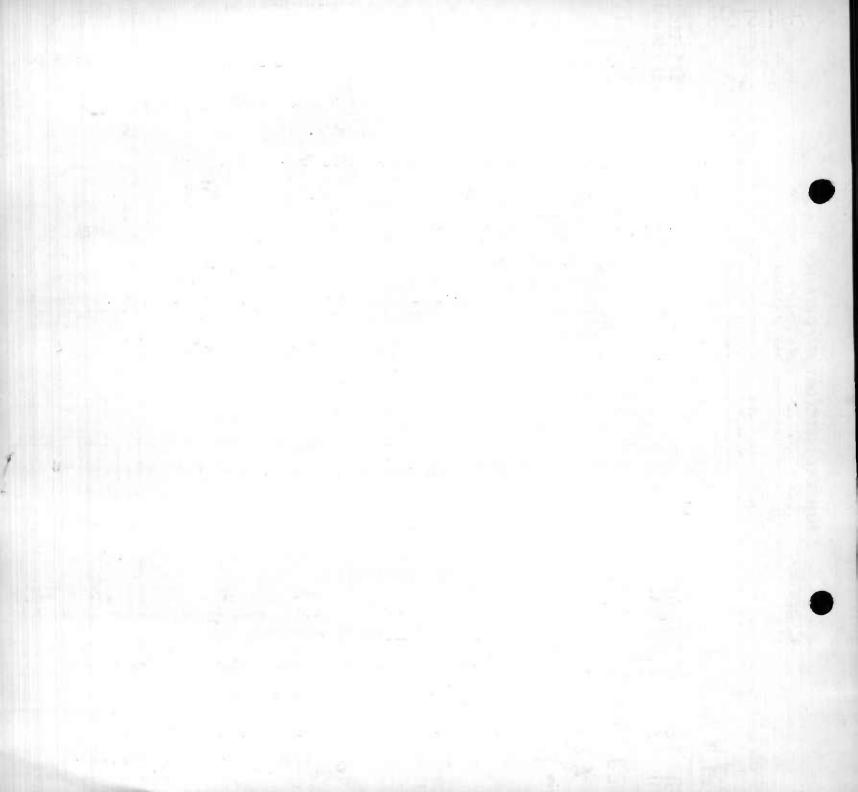
Principle Committee Commit

the contract out a short it because of the same to the

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South Biltimere Ference Fryids 3207 Barey Ave. " Russ. 2 24TAEZ LEVT

VS 150-REV. 1/1/68

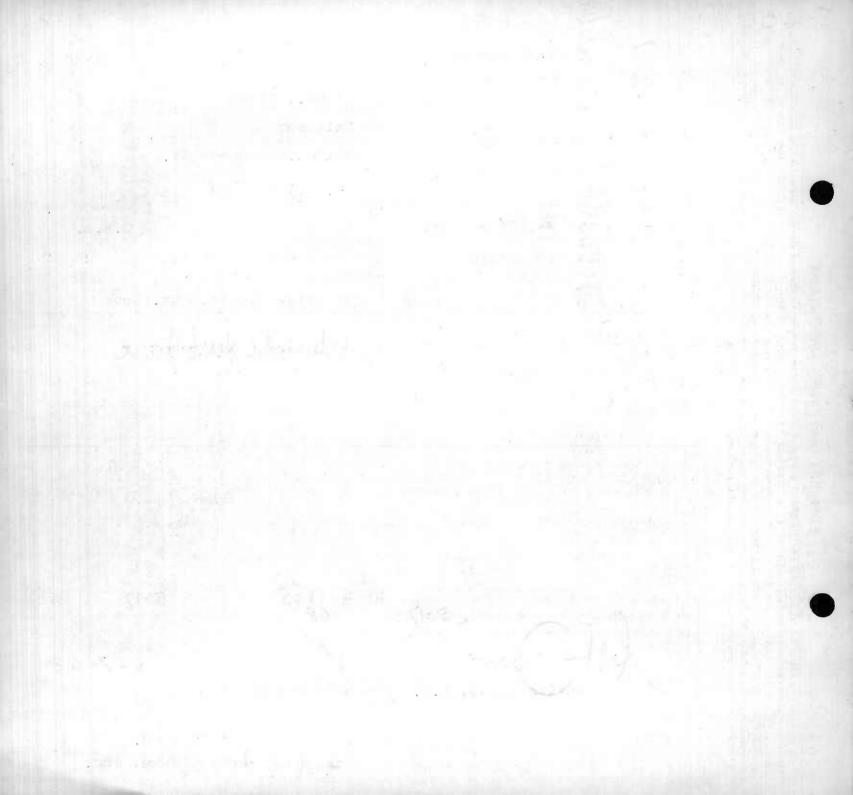


BIRTH NO.	00	3- 608	6 CERTIFICA	TE OF DEATH	REG. NO	68-6086
NAME OF DE	CEASED	NO CAS		2. DATE AN	D HOUR OF DE	
DI ACE IN RA	LTIMORE MARYLAND, W	VILLERE BROWN	INCED DEAD		6, 196	
. FLACE IN SA	LIMORE MARIEAND, W	THERE PRONOL	INCED DEAD			. If institution: residence before admission
FULL NAME OF	F (IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	Md., 212		26-10
INSTITUTION			C. CITY OR TOWN	D.	TNSIDE CITY LIMITS?	
23 1	ohns Hopkin	s Hosp	ital	Baltimore E. STREET AND NUMBER		YES X NO
				3215 E. Mon	ument S	t.
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
male	white	WIDOWED [DIVORCED [Feb.13,1884	84	
		10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTR
aborer	of working life, even if retired) Ba	ltimor	e City	Italy		U.S.A.
FATHER'S NA				14. MOTHER'S MAIDEN NA	ME	0.3.A.
	Annunziato	Casci	0	Carmela I		0
. Wos Deceose	ed Ever in U. S. Armed For	ices?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknow	(If yes, give wor or dote	es of service)	none	Catherine Stolte, dght.above		
	OR CONDITIONS, if	ony, giving	(B)	A CONSEQUENCE OF:		
	he above couse (A) IG CONDITION last.		(c)	•••••		
UNDERLYIN #20 OTHER SIGN TO THE DEA DISEASE OR	IG CONDITION lost, I	THE TERMINAL RT 1 (A). NOTION FOR V	(C)	20 A. AUTOPSY? (Yes or No) 208. IF YES, W	VERE FINDINGS CONSIDERED
UN DERLYIN OTHER SIGN TO THE DES DISEASE OR 19 A. DATE OF	IG CONDITION lost. I IFICANT CONDITIONS CONTH BUT NOT RELATED TO TOONDITION GIVEN IN PART OF OPERATION 198. CONWAS PER	THE TERMINAL RT 1 (A). NOTION FOR VIFORMED	VHICH OPERATION			VERE FINDINGS CONSIDERED G CAUSES OF DEATH?
UNDERLYIN OTHER SIGN TO THE DEA DISEASE OR 19.A. DATE OF 21A. ACCID OR CONTRIL	IG CONDITION lost, IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	THE TERMINAL RT 1 (A). NOTION FOR VEFORMED	VHICH OPERATION PLACE OF INJURY (e.g., in	20 A. AUTOPSY? (Yes or No n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?		VERE FINDINGS CONSIDERED G CAUSES OF DEATH?
UNDERLYIN OTHER SIGN TO THE DEL DISEASE OR 19 A. DATE OF OR CONTRIL DEATH (not)	IG CONDITION IOST. I	(Hour) 21E.	PLACE OF INJURY (e.g., in e.g., form, foctory, street, of INJURY OCCURRED	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Bal	

VS 150-REV. 1/1/6B

Schimunek Funeral Home, 3331 Brehms Lane

ADDRESS Inc.



VS 150-REV. 1/1/68

68	8- 608	< /	HEALTH DEPARTMENT	222	68- 6087
BIRTH NO.		CERTIFICA	TE OF DEATH	1	
Type or Print PARSONS, Clift	on Hughe	9		ine 7, 1968	11:00
3, PLACE IN BALTIMORE, MARYLAND,			4. USUAL RESIDENCE (VA. STATE 8. CC	Where deceased lived. If	institution: residence before odmissio
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) A. Hospital			Maryland Baltimore		
3900 Loch Rave	n Boulev	ard	Baltimore YES NO		
Baltimore, Maryland 21218			7210 Marley		
Male Caucasian	WIDOWED		8-23-08	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of wo lone during most of working life, even if retired)	rk 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTS
Unknown	Timber	Business	West Virgini	a Springfie	u. S. A.
3. FATHER'S NAME Edgar L. Parsons			Shannon, ?		
S. Was Deceased Ever in U. S. Armed For fes, no of unknown) (Iff yes, give wor of dol Yes 4-10-42 to 9	les of service)	16. SOCIAL SECURITY NO 236-20-9680	17. INFORMANT Reco		, Maryland 21218
6-7-68 Rt Ba	f dying, e.g., s the disease, deoth.) S any, giving stoling the ONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR VERORMED	(B)	n or obout 21C. WHERE DIE	No) 208. IF YES, WEF	I Year RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	etc.)		Fice bldg., INJURY OCCUR	? INJURY OCCUR?	
OF INJURY	Whi	le At Not Whil	е 🗖	Magki occok.	
	Wor			19 68 to J	une 7, 1968
22. I certify that XX (this haspite		June 7,	oruary 2,	VV	
and hour and fram the couses sto					plnian deoth occurred on the d
23A. SIGNATURE	red abave,	+ (πe) (did) (επο ποι) ν	new the body offer deor	th.	23B, DATE SIGNED
	11 (111		nding Med.	Staff Phys.	6-9-68
23C. PH (SICIALY'S NAME (Type)	poo , a	DEGREE Phy	23D. ADDRESS 3900 1	och Raven B	oulevard
ANDREW P. WEINFELD		MD DEGREE		more, Marylan	nd 21218
AA. BURIAL CREMATION, 248. DATE REMOVAL (Specify) Burial June		AME of CEMETERY of CR			(City, town, or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT.	258. NAME C	8, Hill Cemet	25C. FUNERAL DIREC	Springfield	ADDRESS
JUN 12 1968	Rolled	2. Faile Min	Jemes F.U.S	drpelli,	lumberland, Md.

AND THE PARTY OF BRIDE

Marie Designation

Brandon Jego Mad G.

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VS 151-REV. 1/1/6B

68- 6088 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EY A MAINIED'S	CERTIFICATE	OF DEATH
MEDICAL	EVAWIIJEK 2	CEKTIFICATE	OF DEATH

Dir	MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.	00-0008
	TH NO. NAME OF DECEASED	2. DATE Known A Month Day	V E.
	e or Print)	OF The state of th	Yeor Hour
_	BESSIE VARLICK WALDER	DEATH Estimated 6 7	68 3:00 a M.
	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOLINCED DEAD	200
HO	SPITAL ADDRESS OR LOCATION)	5. USUAL RESIDENCE (Where deceased lived. If institution	1968 3:00 a _M
		A. STATE B. COUNTY	
6. 5	Mercy Hospital D.O.A.	Maryland C. CITY OR TOWN D. INSIDE	CITY LIMITS?
0. ;	MARKIED LI NEVER MARKIED LI		
	emale White WIDOWED DIVORCED DIVORCED	Balto .	YES NO
у. [DATE OF BIRTH 10. AGE (In years lost birthday) If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.	111 W. Mulberry St.	4-01
11.	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	MENDEL COLOBERG	Pe .
14A	USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY		
7	AJHORING TOIL OPINC	IDA SINDLER	
	WAS DECEASED EVER IN U.S. ARMED FORCES? , no or unknown) (If yes, give wor or dotes of service)	1 4 1 1 4	MRRS UF, DR.
	19. / CAUSE OF DEA		APPROXIMATE INTERVAL
			BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Carolinana of the burnet	
	(This does not mean the made of dying, e.g., DUETO OR A	AUSE Carcinoma of the breast AS A CONSEQUENCE OF:	V 44 44 44 44 44 44 44 44 44 44 44 44 44
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)		
	ANTECEDENT CAUSES (B)		
	RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
Z	UNDERLYING CONDITION LAST. (C)		
은	170 X II		
CERTIFICATION	OTHER STATE ON THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	**************************************	000000000000000000000000000000000000000
ERT	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No)
	0		No
EDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH. 22B. PLACE OF INJURY(e.g., home, form, foctory, street, office	in or obout 22C. WHERE DID (If in Boltimore City, give e bldg., etc.) INJURY OCCUR?	exoct locotion)
X	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
		WHILE ORK	
	23.		
	I certify that I held an Inquiry Inspection XX Au	topsy ond that an this basis, death in m	y apinion
	resulted fram: Notural causes XX Accident Suicid	le Hamicide Undetermined manner	
	1 1117 18	CHIEF MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE Wolf Went M.D	ASSISTANT MEDICAL EXAMINER	
	EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	7 1060
2.1	NAME (Type) Ronald N. Kornblum, M.D. A. BURIAL CREMATION. 248. DATE 24C. NAME of CEMETERY		7, 1968
	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY MOVAL (Specify)	A - Weber Di	wn, or county) (State)
13	URIAL 6-9-68 FARBANI) CEMERRY MOSEDA	LE MD.
25	A, DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS OF A
	JUN 12 1968 Robert & Farburn	gackhairs Mc 21000	enter & Ball

THE WAR DAY WOLLD'S

FALLORING

LAIFUE.

HOLLAND WENDER CEKOBERG

FOIL OFFIRE POR SINDLER

215-24-2283A Jamel Mossly 6950 MRISSUR OH

6-9-68 FARBAND CHARRAY NOSEDALE

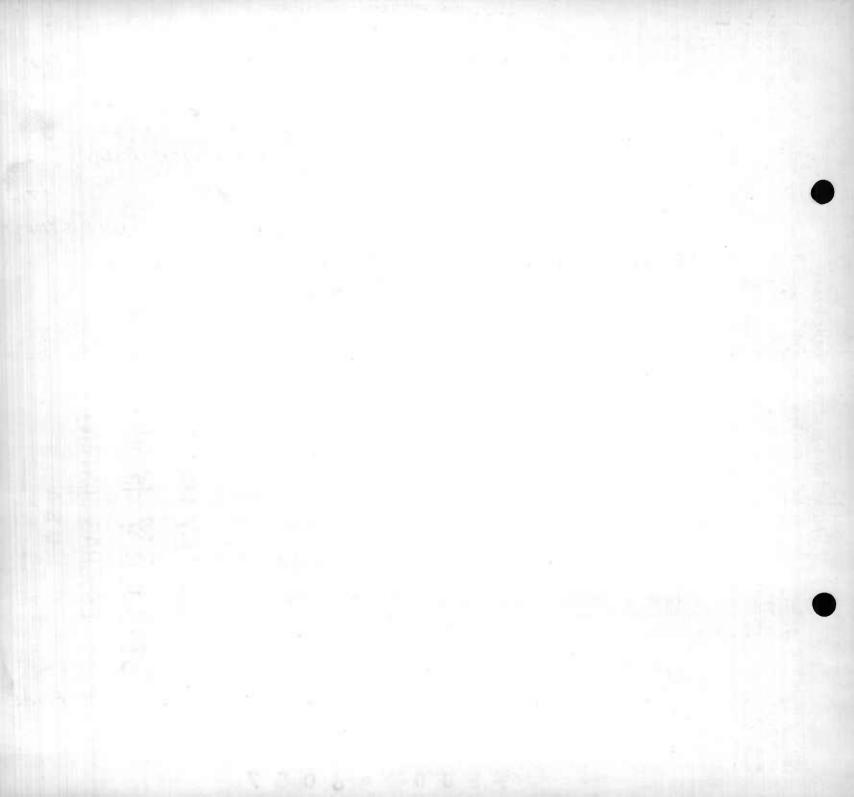
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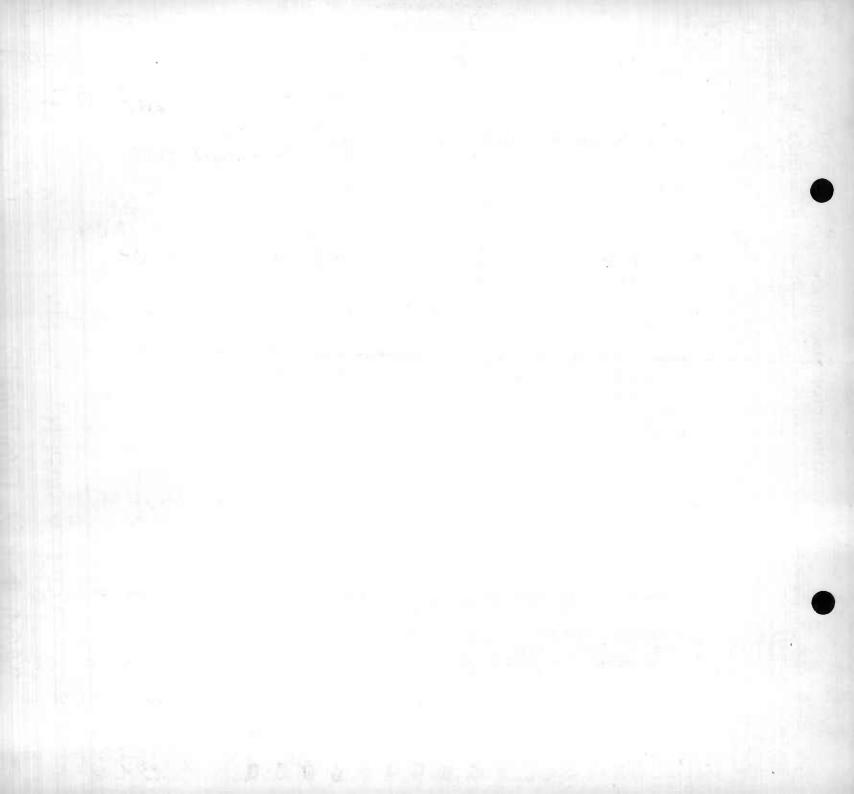
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DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT





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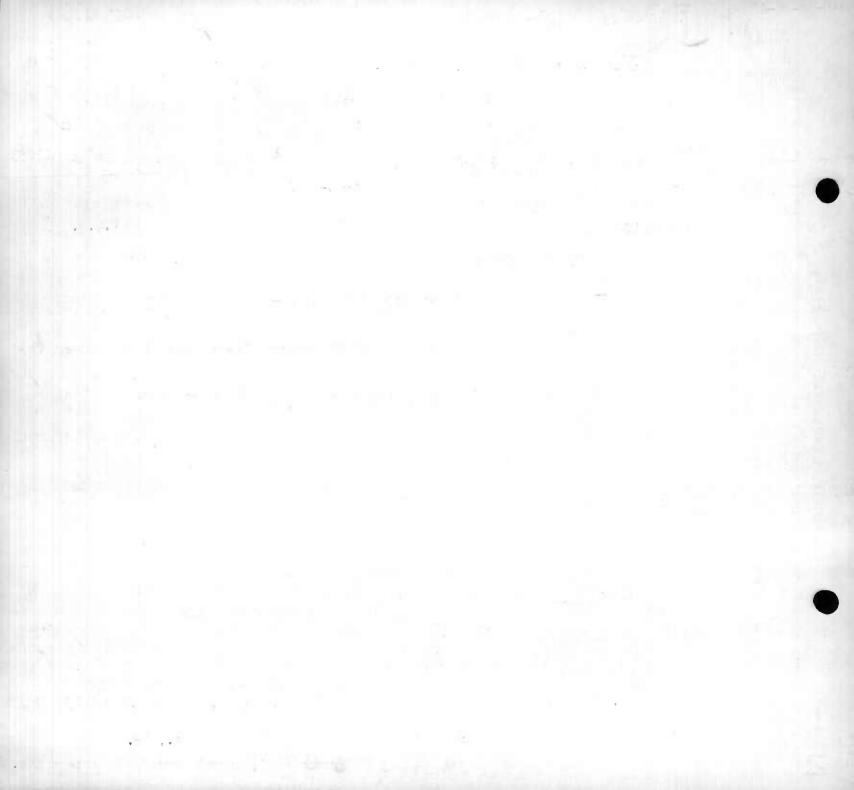
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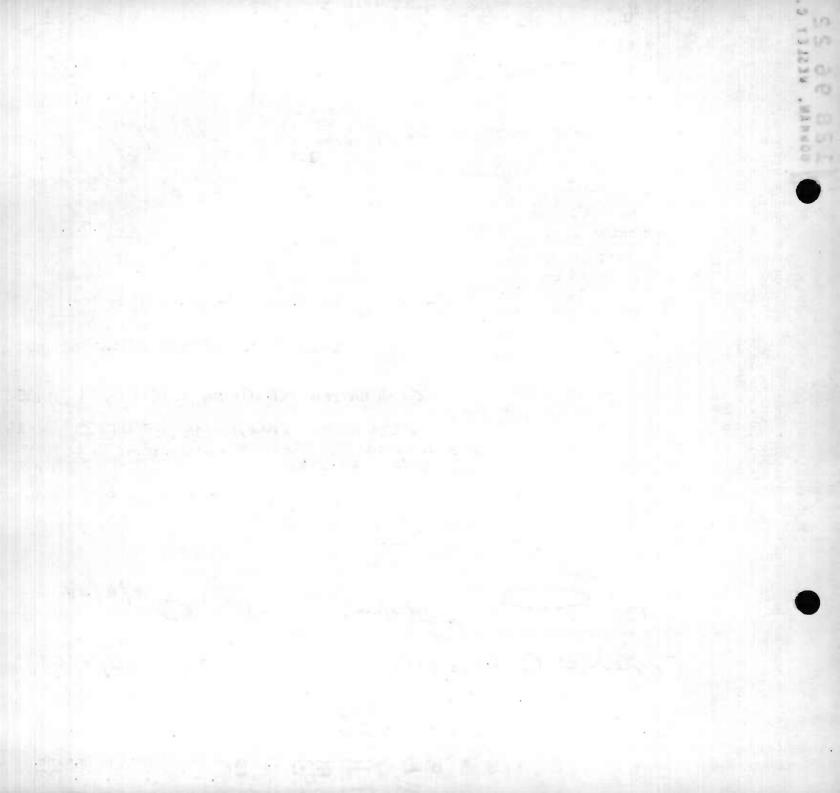
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	Dow	20 68	3- 605	3 CERTIFICA	TE OF DEATH	REG. NO	00-0033	,
	RTH NO.			9=1(1):10/	DATE AN	ND HOUR OF DEATH		
	pe or Print)	1.	7			9/18	1007	
2		IMORE MARYEAND, V	No 1	saa Nah	14. USUAL RESIDENCE (Whe	1/4/	stitution: residence before admission)	
3.	PLACE IN BALII	IMORE, MARTEAND, V	WHERE PRONOL	INCED DEAD	A. STATE B. COUN		13 0	
FL	JLL NAME OF	(IF NOT IN HOSPIT	TAL OR INSTITU	TION, GIVE STREET	Md	(3	10 G 53-0	
H	JLL NAME OF OSPITAL OR ISTITUTION	ADDRESS OR LOC	ATION)		C. CITY OR TOWN	D. INSI	BE CITY LIMITS?	
	Ba	altimore Cit	y Hospit	als	Freeland		YES NO X	
(3/4	940 Eastern	Avenue		E. STREET AND NUMBER	~ 0 7		
	Ba	altimore Mar	vland 21	221	BX 21.	SA Ric	dae Kd 21053	1.
	SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.	
F	'emale	White	WIDOWED [DIVORCED	8-24-1934	33		
		PATION (Give kind of wor	k 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?	
do	ne during most of w	rorking life, even if retired)	U-		Maryland		U.S.A.	
13.	FATHER'S NAM		Но	me	14. MOTHER'S MAIDEN NA	ME	COURT	
	TAILER 5 HAW		D	,				
			Pribor			hine Kiser		
5. Ye	Was Deceosed	Ever in U. S. Armed Fo	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	NO			212 34 6653	Records: BCH-49	40 Eastern A	venue 21224	
-	18. / //	0		CAUSE OF DEAT			APPROXIMATE INTERVAL	
٧	DISEASE	E OR CONDITION DI	IDECTI V				BETWEEN ONSET AND DEATH	
		LEADING TO DEATH			. 1 . 1.	ka 5	2 1 2 1.	
		al mean the mode of		(A) IMMEDIATE CAL	A CONSEQUENCE OF:	Meningit	is summa	pan
	heart failure, o	asthenia, etc. It mean:	s the disease,	DUE TO, OK AS	A CONSEQUENCE OF.			
	1	plicolion which coused						
	A	NTECEDENT CAUSES	S	(B) Acquir	A CONSEQUENCE OF:	ic Avery	ua llyears	
		R CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:		U	
		abave cause (A) CONDITION last.	slaling the	(C)				
	121/1	11		\~/				
z		CANT CONDITIONS CO	NIRIRITING					
TIO	TO THE DEATH	H BUT NOT RELATED TO	THE TERMINAL					
FICATIO	19A. DATE OF	OPERATION 198. COT	NDITION FOR Y	VHICH OPERATION	20 A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?	
TIF	3 5/-	29/68 WAS PEI	RFORMED	D.D. it	YES	IN CERTIFYING CA	USES OF DEATH?	
CER	21A. ACCIDEN	T WAS UNDERLYING	7 021B	PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID		re City, give exoct location)	
AL	OP CONTRIBIL	TING CAUSE OF medical examiner	hom etc.	e, lorm, foctory, street, o	ffice bldg., INJURY OCCUR?			
U								
MEDI	21D. TIME	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
>	(APPROX.)		Wh	le At Not While	е			
	22. 1 cartify	that (1) (this haspite			5/28/	19 68 ta	6/9/1968	
				6/9	. /		inian death accurred an the date	
		last saw the deceas		6-//			man death accurred an the date	
			ated abave.	(We) (did nat) v	riew the bady after death.			
	23A. SIGNATUI	TO MAIN		6			238, DATE SIGNED	
	W/II)	1	11000	Atte Phy	ending Med. S. Director	Staff Phys.	4/9/1.8/	
	23CAPHYSICIAN	No Branch	MANN	DECKEE	23D. ADDRESS			
	23C PHYSICIAT			100000	Bal.	timore City		
	Niel			DEGREE		venue Baltim	ity, town, or county) (State)	
24	A. BURIAL CREA	MATION, 24B. DATE	24C. N.	AME of CEMETERY OF CR	EMATORY 24D.	COCATION (C	ity, town, or county) (State)	
	Burial	6/11/6	8 Gare	lens of Faith	Cemetery Ro	Itimore Co	Ma	
2\$		BY HEALTH DEPT.	2SB. NAME	OF REGISTRAR	Cemetery Ba			
			1. 2.	I stand to				
		111N 1 9 10CG	DA A	O Q Q TAIL as a	Fruzdzinski	Funeral Hom	e 1407 Eastern Ave.	
	150-REV. 1/1/6	IUN 12 1968	R. Over	2 4 toller	Fruzbziński	Funeral Hom	e 1407 Eastern Ave.	





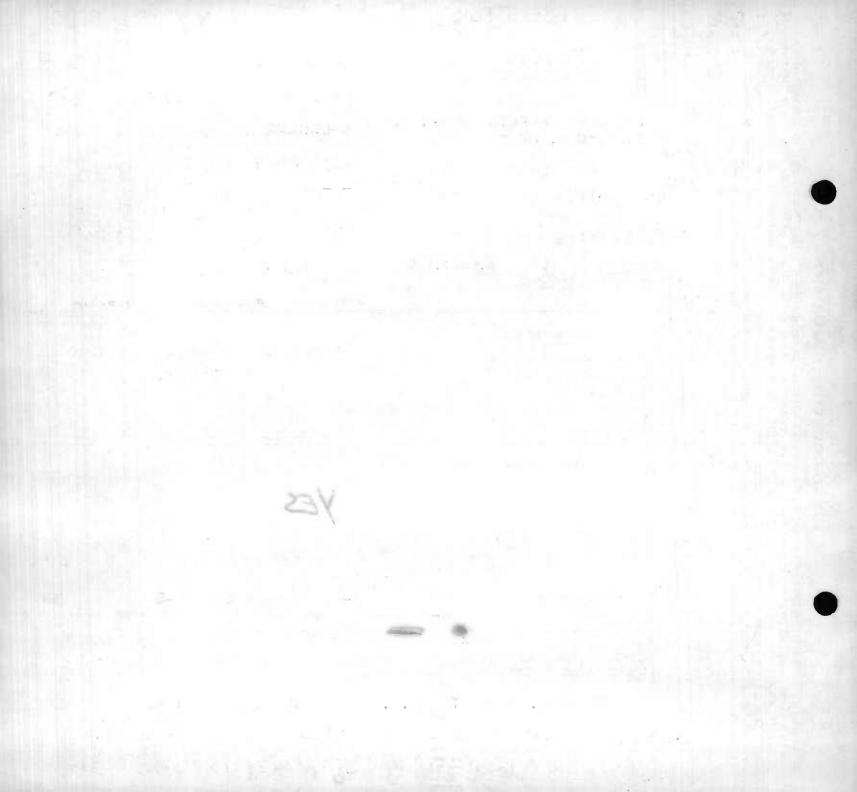
-	hX= 61145	ATE OF DEATH Registered No. 68-	6095
	H NO. CERTIFIC	ATE OF DEATH Registered Na.	0000
1. N	AME OF DECEASED	2. DATE AND HOUR OF DEATH	13:1-1
	LACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: res	dence before odm
J. F	TACE OF DEATH IN PACIFICACE MANIENTS	A. STATE B. COUNTI	
-	ULL NAME OF (If not in hospital or institution, give street oddress or location)	C. CITY OR TOWN (If outside city limits, wind RURAL and	give township)
11	SOLUTION SOLUTION	D. STREET ADDRESS, (If rurol, give location)	
3	FRANKLIN SQUARE HOSPITAL		
5	6	1139 Wieomieus 1.	
5. S	WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday) Months: [1 Yr. If Under
10A.	USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUST	3-/7-93 RY 11, BIRTHPLACE (State or foreign country) 12, CITIZE	N OF
	during most of working life, even if retired)	WHA:	COUNTRY?
13. 1	ATHER'S NAME	MARYLAND U.	3/4
15. \	Nos Decessed Ever in U. S. Armed Forces? 16. SOCIAL	MILA KRONER 17. INFORMANT Thm. Patzenlinger - 801 W. C	ADDRESS
(Yes	,no or unknown) (II yes, give wor or doles of service) SECURITY NO.	De Det la source	14
	NO CAUSE	OF DEATH	ITERVAL BETWE
		0	NSET AND DEA
	LEADING TO DEATH	D + RECENT FLY OCARDIAL	,
	(This daes not meen the made of dying, e.g., DUE TO heart foilure, osthenia, etc. It means the disease,	ID + RECENT INYOCARDIAL	
	injury ar camplication which caused death.)	NFARC7/ON	
	DUE TO		***************************************
	UNDERLYING CONDITION Iosi.		
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ATIO	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
TFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes 67 No.) 20B. IF YES, WERE FINDINGS (IN CERTIFYING CAUSES OF DI	ONSIDERED
CERTIFIC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	1 1	exoct location)
	OR CONTRIBUTING CAUSE OF home, lorm, foctory, street, etc.)	office bldg., INJURY OCCUR?	
0	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	OF INJURY While At Not W	/hile	
	22. I certify that (I) (this hospital) attended the deceased from		2) 10
	that (1) (we) last saw the deceased alive an 6-10-6 \$	19and that in(my) (aur) apinian death	
	and haur and fram the causes stated abave. (I) (We) (did) (did not	No. of the Control of	
	23A. SIGNATURE	238. DATE	SIGNED /
	lel true Margarlelina S M. D.M.D.	Attending Med. Stoff Phys.	110/68
/	23C. PHYSICIAN'S NAME (Type)	23 D. ADDRESS	
	MAME (Type) MICO ISTIALA ABARCAR, FETICIANO M.	O. FRINKIN SOUARE HE	SPITAL
24A		CREMATORY 24D. LOCATION (City, town, or	country
1-	PREMOVAL (Specily) Colizing & Sland John John Co	enter Ila Burna	tred
25A	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	111N 12 1968 12 02 168 150 100 100	John Down In Jun. 901)	fallens
S	150-REV. 1/1/65	Be	PA. 23.

Wisemize ST.

year

FUNERAL DIRECTOR: IMPORTANT

0	0 68-		TE OF DEATH	REG NO	
BIRT	TH NO.	CERTIFICA	TE OF DEATH	1/	
.N	AME OF DECEASED	1 11 20	2. DATE AND	D HOUR OF DEATH	н
Тур	oe or Print) STEVEN	V M. BR	EWER 6	-8-68	9:00 A
3. P	PLACE IN BALTIMORE, MARYLAND, WHERE		4. USUAL RESIDENCE (Where	deceased lived, If	
	ALL MANAGE OF THE MICH IN MICHAEL OF	MATERIAL COLOR CAREER	MARYLAND		IMORES 530
HO:		R INSTITUTION, GIVE STREET			SIDE CITY LIMITS?
14.2	THE JOHNS HOP	KINS HOSPITAL	BALTIMORE	2264	YES NO Y
	BALTIMORE, MD		E. STREET AND NUMBER		
1			603 STUART	STREET	
. SI	6. RACE 7. M.	ARRIED NEVER MARRIED	8. DATE OF BIRTH	ost birthdoy)	If Under 1 Yr. If Under 24 H Months: Doys Hours Min.
		OOWED DIVORCED	3-5-54	14	Two transfers of the state of t
	. USUAL OCCUPATION (Give kind of work 10B,)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreig		12. CITIZEN OF WHAT COUNT
done	e during most of working life, even if refired)		100		USA
3. E	SCHOOL BOY		14. MOTHER'S MAIDEN NAM	A C	03/+
		000 -	THE THE TANK		
	CHARLES Was Deceased Ever in U. S. Armed Forces?	BREWER	MILDRED	PEW	
5. V Yes,	s, no or unknown) (If yes, give wor or dotes of s	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO		CHARLES BA	BEWER	ABOVE
	18.1729	CAUSE OF DEAT			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTL	.Y		,	
	LEADING TO DEATH	(ANIMMEDIATE CA	USE Metastatic	Oste ogenic	1/4-
	(This does not meen the mode of dying	g, e.g., DUE TO, OR AS	A CONSEQUENCE OF:	Cata	
	(This does not meon the mode of dyin- heort foilure, osthenio, etc. It meons the injury or complication which coused death	iseose,	A CONSEQUENCE OF:	Sarcom	a.
	hearl failure, asthenia, etc. It means the	iseose,	A CONSEQUENCE OF:	Sarcomo	a.
	heort foilure, osthenio, etc. It meons the cinjury or complication which coused death	(B)	A CONSEQUENCE OF:	Sarcom	a.
	heort foilure, osthenio, etc. It meons the cinjury or complication which coused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) statis	(B)giving DUE TO, OR A		Sarcom	۵.
	heort foilure, osthenio, etc. It meons the cinjury or complication which coused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony,	(B)giving DUE TO, OR A		Sarcom	۵.
7	heort foilure, osthenio, etc. It means the cinjury or complication which coused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the above couse (A) statis UNDERLYING CONDITION lost.	(B) giving DUE TO, OR A ng the		Sarcom	Q.
	heart failure, asthenia, etc. It means the cinjury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) static UNDERLYING CONDITION lost. 196.9 OTHER SIGNIFICANT CONDITIONS CONTRIB	giving DUE TO, OR A (C)		Sarcom	۵.
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L CERTIFICATION	heort foilure, osthenio, etc. It means the cinjury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the above cause (A) statistically the condition of the condition	giving (B)	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERI	۵.
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MEDICAL CERTIFICATION	heort foilure, osthenio, etc. It means the cinjury or complication which coused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the above couse (A) statis UNDERLYING CONDITION lost. 96.9 II OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Ho OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attental (I) (we) last saw the deceased ali	giving (B)	20A. AUTOPSY? (Yes or No) in or obout P.C. WHERE DID iffice bidg., INJURY OCCUR? 21F. HOW DID INJU 19 68 and the view the bady after death.	208. IF YES, WERI IN CERTIFYING C (If in Boltim JRY OCCUR? 9 68-ta 6- at in (my) (aur) ap	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exoct location 168 pinian death accurred an the d
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MEDICAL CERTIFICATION	heort foilure, osthenio, etc. It means the cinjury or complication which coused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the above couse (A) statistically considered to the considered t	giving (B)	20A. AUTOPSY? (Yes or No) in or obout RIC. WHERE DID office bidg INJURY OCCUR? 21F. HOW DID INJU 19 68 and that view the bady after death.	208. IF YES, WERI IN CERTIFYING C (If in Boltim JRY OCCUR? 9 68 ta 6 at in (my) (aur) as	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exoct location 168 pinian death accurred an the d
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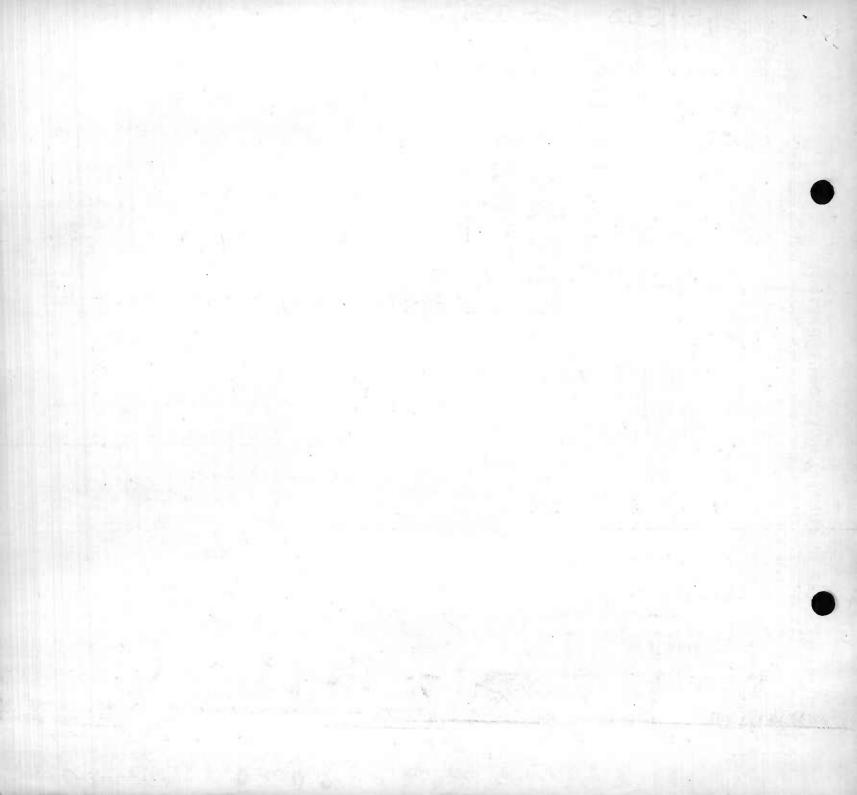
68- 609 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGINO

68-	6097
	0008

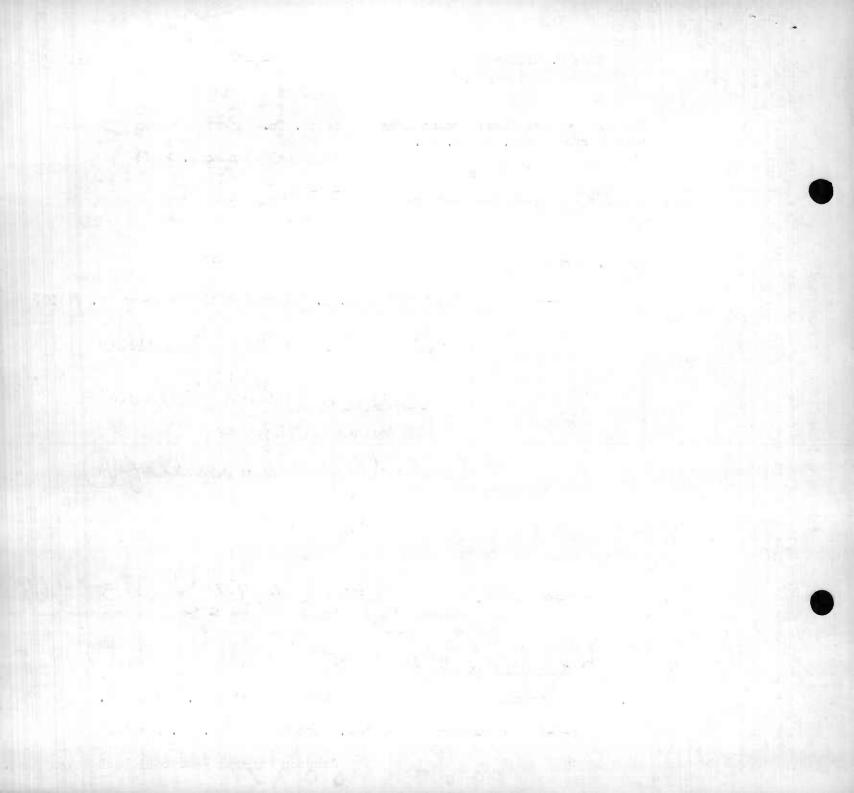
BIRTH NO.	REG, NO.
1. NAME OF DECEASED	2. DATE Known Manth Day Year Haur
LEONARD R. STONE	OF DEATH Estimoted IX June 8, 1968 Unk
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD June 8, 1968 8:30 P.M.
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	
	S. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE B. COUNTY
Baltimore City Hospitals (DOA)	Maryland BALTO
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male White WIDOWED DIVORCED	Baltimore ESSEX YES NO 4
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	F STREET AND NUMBER
lost birthday) Manths, Doys, Haurs, Min.	BEACH
MAY 12, 1910 58	316% Bird River Branch Road
11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
KENTUCKY USA.	JOHN STONE
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	
dane during most of working life, even if retired) SHIP BUILOER STEEL	AGNES SCAFF
SHIP BUILDER STEEL 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (if yes, give war ar dates of service) SECURITY NO.	
UNK 400-18-3457	EARL STONE
CAUSE OF DEAT	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Multiple	
LEADING TO DEATH	le Injuries
(A)IMMEDIATE C	AS A CONSEQUENCE OF:
heart failure, osthenio, etc. It meons the disease, injury or camplication which coused death.)	
injory of complication which coosed death.)	
ANTECEDENT CAUSES (B)	
	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
	Yes
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	
UNDERLYING OR CONTRIB- hame, farm, factory, street, affice	in ar about 22C. WHERE DID (If in Baltimare City, give exect location). bldg., etc.) INJURY OCCUR? 1050 Ft N 05 Ebenezer Rd. Tarewood Road
UTING CAUSE OF DEATH. 222D. TIME (Month) (Day) (Year) (Hour) 225 INJURY OCCURRED	
OF INTIRY	22F. HOW DID INJURY OCCUR?
(ADDROV) (/O / CO T EE D WHILE AI [] NO!	WHILE X Driver of Kcar which struck trees
23.	
I certify that I held on Inquiry Inspection Au	topsy X and that on this basis, death in my opinion
resulted fram: Natural causes Acadent Suicid	
ACTUAL MOOA OA TAT	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE MUSTUS M.D	ASSISTANT MEDICAL EXAMINER XX
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER 6/9/68
NAME (Type)	
24A. BURIAL CREMATION, 24B. DATE 24C NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) BURIAL 6/12/68 OAK LAWN	RAITA ALA
25A. DATE RECTO BY HEALTH DEPT 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
AGIL TH 1900 ATTOON C' ATTOONING	J. G. CONNELLY SONS 300 MAC
VS 161 DEV 1/1/60	
VS 151-REV. 1/1/68	

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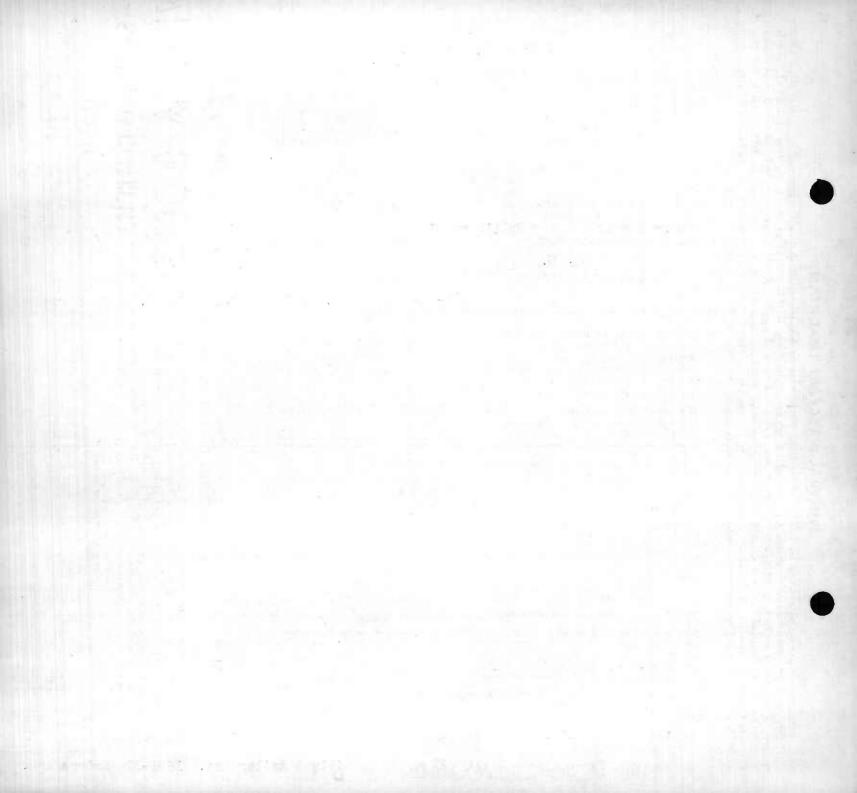
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тур		EASED		, *		AND HOUR OF DEATH	1
	e or Print)	Edna C. C		3.0		-5-68	7:15 P
FUL	L NAME OF	(IF NOT IN HOSPIT		INCED DEAD	Maryland Maryland	Baltimor	9
INS	TITUTION	arford Garden			C. CITY OR TOWN		SIDE CITY LIMITS?
6		700 Harford F			Balto. Co. YES NOK		
1	0 7	700 harrord r	wau. Da	100 Mus		ledon Road. 2	1 207
5. \$1	EX	6. RACE	7. MADDIED	X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 2
F	emale	White	WIDOWED		11-24-01	lost birthdoy)	Months Doys Hours A
-			,		11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COL
		working life, even if retired) ewife		Home	Penna		USA
13 . F	ATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME	
	Edwa	rd W. Carter			Jer	nny Benson	
15. V	Vos Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
-	no or unknown	(If yes, give wor or dote	s of service)	165 07 0184	Geo F Clema	nt = 4011 Chal	ledon Rd. #21207
	1B. <u>/ / / </u>			CAUSE OF DEAT		TAB ANTI OUR	APPROXIMATE INTE
ATIC	422.	CONDITION last.		Carlinal	degenerati	(1)	to a Co
4	DISEASE OR C	H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER	TI (A).		20A AUTOPSY? (Yes o	No) 208. IF YES, WER	E FINDUNGS CONSIDERED AUSES OF DEATH?
ERTIFICA	DISEASE OR C	H BUT NOT RELATED TO TONDITION GIVEN IN PAR OPERATION 198. CON WAS PER	IT I (A). IDITION FOR V	VHICH OPERATION	20A AUTOPSY? (Yes o	(No) 208. IF YES, WER	AUSES OF DEATH?
CERTIFICA	DISEASE OR C 19A. DATE OF 21A. ACCIDER OR CONTRIBL	H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 198, CON	IT I (A). IDITION FOR V	PLACE OF INJURY (e.g., ie, farm, factory, street, of		208. IF YES, WERIN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
DICAL CERTIFICA	DISEASE OR C 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify 21D. TIME	H BUT NOT RELATED TO TO NOTIFICE NOT PART OPERATION 198. CON WAS PERINT WAS UNDERLYING THING CAUSE OF	IT I (A). IDITION FOR V FORMED 218. hom etc.)	PLACE OF INJURY (e.g., ie, farm, factory, street, of	20A AUTOPSY? (Yes on or obout 21 C. WHERE DI	20 B. IF YES, WERIN CERTIFYING C	AUSES OF DEATH?
AEDICAL CERTIFICA	DISEASE OR C 19A. DATE OF 21A. ACCIDET OR CONTRIBU DEATH (notify	H BUT NOT RELATED TO TO NOTIFICATION GIVEN IN PAR OPERATION 198. CON WAS PERI NT WAS UNDERLYING ITING CAUSE OF medicol exomines)	IT I (A). DITION FOR V FORMED 218, hom etc.) (Hour) 21E, Whi	PLACE OF INJURY (e.g., i e, form, factory, street, of INJURY OCCURRED Le At Not Whil	20A AUTOPSY? (Yes on or obout 21C. WHERE DIT INJURY OCCUP	r No) 20B. IF YES, WERI IN CERTIFYING C	AUSES OF DEATH?
MEDICAL CERTIFICA	DISEASE OR COPA. DATE OF CONTRIBLE DEATH (notify CAPPROX.)	H BUT NOT RELATED TO TO TO NOTITION GIVEN IN PAR OPERATION 198. CON WAS PER! NT WAS UNDERLYING THING CAUSE OF medicol exomined (Month) (Doy) (Yeor)	IT I (A). DITION FOR V FORMED 218, hom etc.) (Hour) 21E, Whi Wor	PLACE OF INJURY (e.g., i e, farm, factory, street, of INJURY OCCURRED Le At Not Whil k At Work	20A AUTOPSY? (Yes on or obout 21C. WHERE DIT INJURY OCCUP	r No) 20B. IF YES, WERI IN CERTIFYING C	AUSES OF DEATH?
MEDICAL CERTIFICA	DISEASE OR C 19A. DATE OF 21A. ACCIDER OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.)	H BUT NOT RELATED TO TO NODITION GIVEN IN PAR OPERATION 198. CON WAS PER OT WAS UNDERLYING DITING CAUSE OF medical examiner (Month) (Day) (Year)	(Hour) 21E. Whitwood of the control	PLACE OF INJURY (e.g., i e, form, factory, street, of INJURY OCCURRED Le At At Work At Work Addressed from	20A AUTOPSY? (Yes on or obout 21C. WHERE DII ffice bidg., INJURY OCCUP	(If in Bottim	AUSES OF DEATH? ore City, give exoct location
MEDICAL CERTIFICA	DISEASE OR C 19A. DATE OF 21A. ACCIDER OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	H BUT NOT RELATED TO TONDITION GIVEN IN PAR OPERATION 1986. CON WAS PER INT WAS UNDERLYING JAMES OF Medical examines (Month) (Day) (Year) that (1) (this is a last saw the decease	(Hour) 21E. White dealive an	PLACE OF INJURY (e.g., i e, form, factory, street, of INJURY OCCURRED INJURY OCCURRED At Work At Work	20A AUTOPSY? (Yes on or obout 21C. WHERE DII ffice bidg., INJURY OCCUP	IN CERTIFYING C	AUSES OF DEATH? ore City, give exoct location
MEDICAL CERTIFICA	DISEASE OR C 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22, I certify that (I) (w)	H BUT NOT RELATED TO TO NOTITION GIVEN IN PAR OPERATION 198. CON WAS PER! NT WAS UNDERLYING DITING CAUSE OF medicol exomined (Month) (Doy) (Year) that (1) (this cause start from the causes start from the cause start	(Hour) 21E. White dealive an	PLACE OF INJURY (e.g., i e, form, factory, street, of INJURY OCCURRED INJURY OCCURRED At Work At Work	20A AUTOPSY? (Yes on or obout 21C. WHERE DII ffice bidg., INJURY OCCUP	IN CERTIFYING C	ore City, give exact location
MEDICAL CERTIFICA	DISEASE OR COPA. DATE OF CONTRIBUTION OF CONTRIBUTION OF INJURY (APPROX.) 22, I certify that (I) (we) and haur and contribution of the contributi	H BUT NOT RELATED TO TO TONDITION GIVEN IN PAR OPERATION 198. CON WAS PER! NT WAS UNDERLYING THING CAUSE OF medicol exomined (Month) (Doy) (Yeor) that (1) (this thing the causes start the cause start the cause start the causes start the causes start the causes start the cause start the	(Hour) 21E. White dealive an	PLACE OF INJURY (e.g., i e, form, factory, street, of the form) INJURY OCCURRED Le At At Work At Work At Work At Work At Work At Attention of the form of t	20A AUTOPSY? (Yes on or obout 21C. WHERE DII fiftee bidg., INJURY OCCUP 21F. HOW DID and of the bidg after deal anding Med.	IN CERTIFYING C	AUSES OF DEATH? ore City, give exoct location
MEDICAL CERTIFICA	DISEASE OR COPA. DATE OF CONTRIBLE OF INJURY (APPROX.) 22. I certify that (I) (w.) and haur and company and haur and company and haur and company and haur and company and haur and haur and company and haur and haur and haur and haur and haur and haur and company and haur and company and haur and ha	H BUT NOT RELATED TO TO TONDITION GIVEN IN PAR OPERATION 198. CON WAS PER! NT WAS UNDERLYING THING CAUSE OF medicol exomined (Month) (Doy) (Yeor) that (1) (this thing the causes start the cause start the cause start the causes start the causes start the causes start the cause start the	(Hour) 21E. Whim word alive an	PLACE OF INJURY (e.g., in the form, factory, street, of the form, factory, street, of the factory). INJURY OCCURRED Not While the factory of the factory o	20A AUTOPSY? (Yes on or obout 21C. WHERE DIT (Fine bidg., INJURY OCCUP) 21F. HOW DID 19 and or obout 21C. WHERE DIT (See bidg., INJURY OCCUP) 21F. HOW DID and other dead of the dead of the bidge o	that In (12) 208. IF YES, WERING CO. (If in Boltim	ore City, give exact location) 196 238. DATE SIGNED
MEDICAL CERTIFICA	DISEASE OR CO 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22, I certify that (I) (was) and haur and 234. Physicia NAME (T	H BUT NOT RELATED TO TO TO TO TONDITION GIVEN IN PAR OPERATION 198. CON WAS PER IT WAS UNDERLYING UTING CAUSE OF medicol exomined (Month) (Doy) (Yeor) that (1) (the causes start for the causes start I was underlying (Month) (Doy) (Yeor) that (1) (the causes start I was underlying (Month) (Doy) (Yeor) That (1) (the causes start I was underlying	(Hour) 21E. Whit World alive an eted abave. (12 Control of the con	PLACE OF INJURY (e.g., i e, form, factory, street, of the form) INJURY OCCURRED Le At At Work At Work At Work At Work At Work At Attention of the form of t	20A AUTOPSY? (Yes on or obout 21C. WHERE DIT fiftee bidg., INJURY OCCUPATION OF THE DIT of the bidg., INJURY OCCUPATION OF THE DIT OF THE BID O	that In () and the land of th	ore City, give exact location 196 238. DATE SIGNED 238. DATE SIGNED City, town, or county) (5



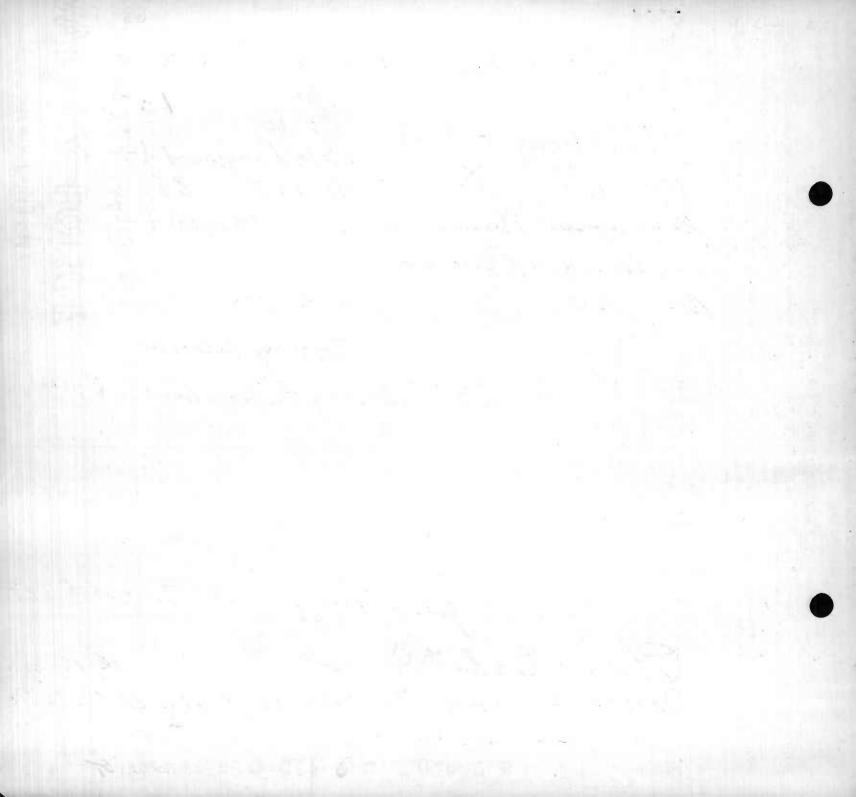
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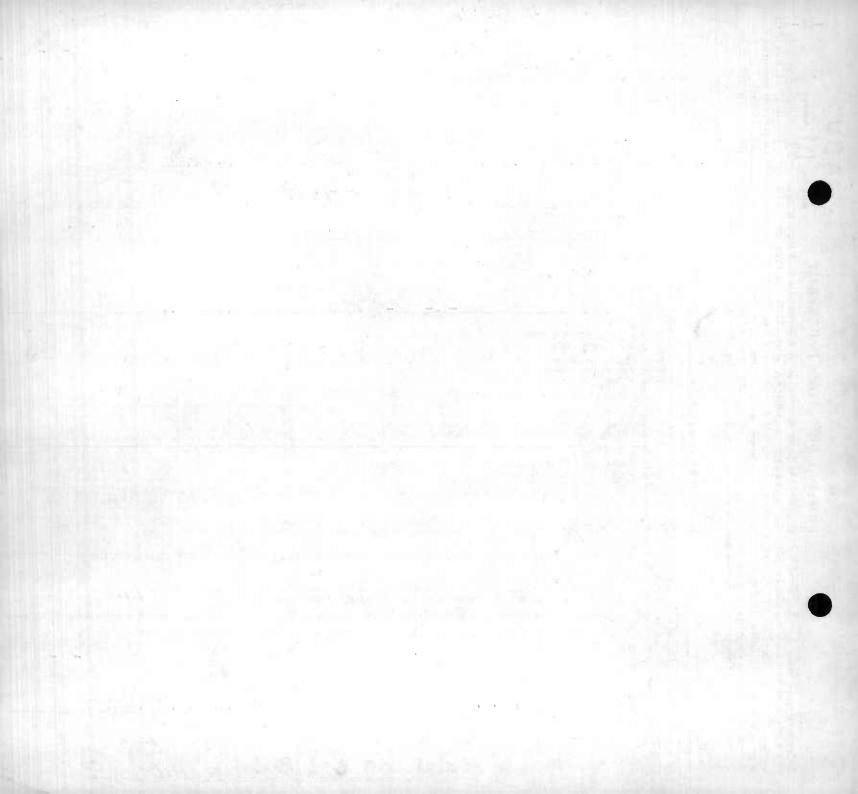


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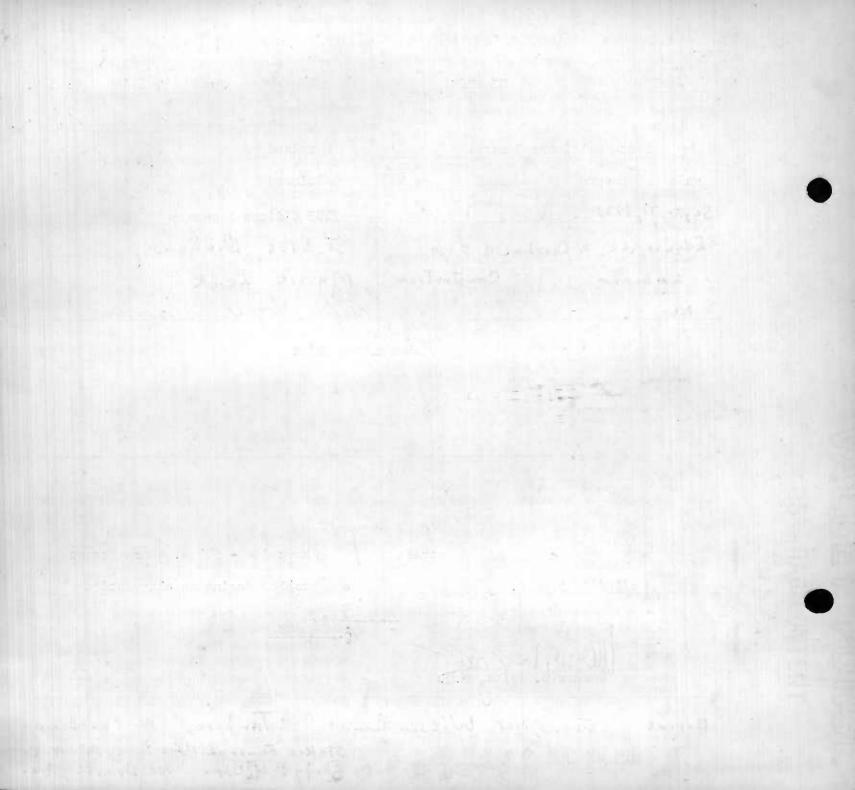
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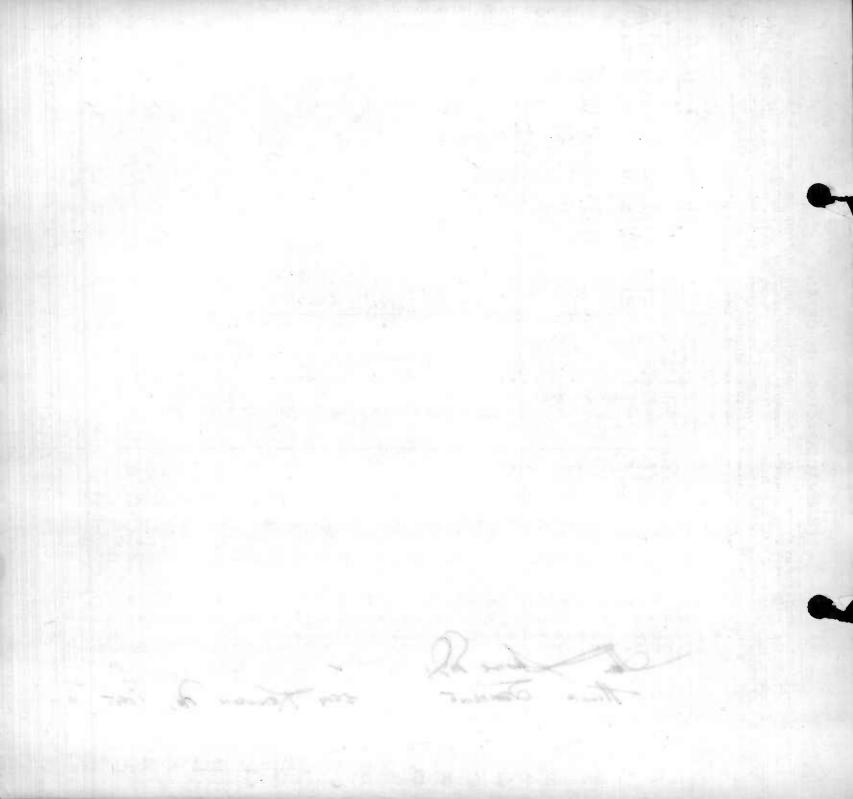
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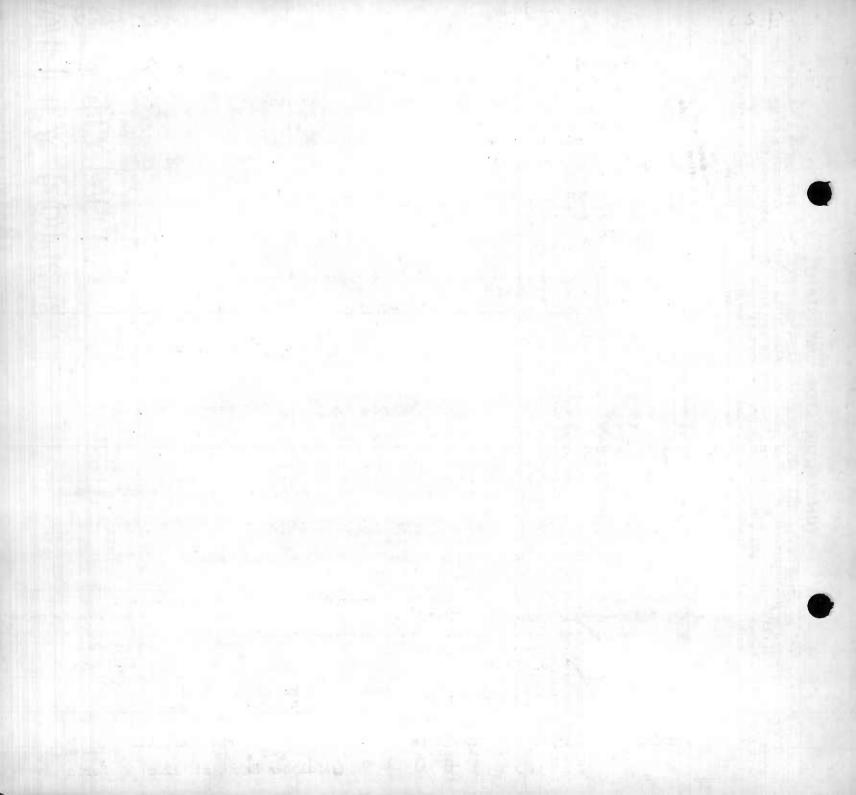


MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO	
. NAME OF DECEASED	2. DATE Known XX Month Doy	Yeor Hour
JAMES DICKENS	OF Tarmo 10 1	
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Year Hour
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD June 10, 1968	
DR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution:	
South Baltimore General	A. STATE B. COUNTY Maryland	
SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
male negro widowed Divorced	Baltimore yes	S X NO D
DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys; Hours; Min.	E. STREET AND NUMBER	
Sept. 71, 1433 lost birthdoy) Months Doys Hours Min.	3105 Clifton Avenue	
1. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Edge conte, N. Crocline 4.5. A.	Julius Nickens	
4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME	
LAborer Constrution	Mamie Leak	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO.	18. INFORMANT ADI	DRESS
No	Slotes Stave Man	shut
19. CAUSE OF DEA	тн	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Chapters	nd of Chest	
LEADING TO DEATH (A)IMMEDIATE O		
	AS A CONSEQUENCE OF:	
Injury or complication which coused death.)		
ANTECEDENT CAUSES (8)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST. (C)		
5 m		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		~**** *** ****
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
2 2		Yes
	in or obout 22C. WHERE DID (If in Boltimore City, give exoce bldg., etc.) INJURY OCCUR?	t locotion) 2 2 0/
UNDERLYING OR CONTRIBUTION OF CONTRIBUTION OF COMMENTAL STREET	Xoutside - 517 S. Sha	rp Street
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(AFFROX.) 6/10/68 5:30 P. m. WORK AT W	while stabbed during an alte	rcation
23. I certify that I held on Inquiry	topsy X and that on this basis, death in my o	minlen
		7
resulted from: Notural causes Accident Suicid		
ACTUAL MARIENTA	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D	ASSISTANT MEDICAL EXAMINER XX	6/11/68
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER	0/11/00
24A. BURIAL CREMATION, 24B. DATE C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town,	or county) (State)
Burnel June 15, 1960 Wilson	Ta-here n	· CArchine
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR AD	DRESS
JUN 12 1968 17.0. 14 2 Fallings	STOKES Funeral Home R	locky MT. N.C.
3011 - 1000 WW. C., CELLER, C.	Chury O Wilson 1000	Browthy Are.





1968 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence D. INSIDE CITY LIMITE YES X NO If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH n Haluwouis 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 6-10-68 and that in(my) (aur) apinian death accurred an the date 238, DATE SIGNED 6-10-68 (City, town, or county) shows: Carolina Was ADDRESS 6 Addlphus Halstead 1206 North



00 0400	BALTIMORE CIT	Y HEALTH DEPARTMENT		0400
68- 6107	CERTIFICA	ATE OF DEATH	REG. NO.	68- 6107
SIRTH NO. I. NAME OF DECEASED Type or Print) SULUESTER M	Adisad	2. DATE AND	HOUR OF DEATH	1250 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	deceosed lived. If instit	tution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INS	STITUTION, GIVE STREET	17)d.		0-01
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN		CITY LIMITS?
31 M		E. STREET AND NUMBER	, Y	ES NO
Mercy No	SP	129 8. PRE	StON St.	
SEX 6. RACE 7. MARRI Negreb WIDOW	ED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9.	AGE (In years st bightdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10B, KIND one during most of working life, even if retired)		Y 11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNT
one during most of working me, even a remed)				
3. FATHER'S NAME	l'and	14. MOTHER'S MAIDEN NAM	Lockm	AA)
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	20 01 111	ADDRESS
Yes, no or unknown) (If yes, give wor or dates of service	e) SECURITY NO.			
18. 4 8 2 8 1	CAUSE OF DEA	TH		APPROXIMATE INTERVA
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DE
LEADING TO DEATH	(A) IMMEDIATE CA	USE Brackspa	eumma	. Days.
(This daes not mean the made of dying, e heart failure, asthenia, etc. It means the disea	I S A			
injury ar camplication which caused death.)		narkel		
ANTECEDENT CAUSES	(B)		٠	
DISEASES OR CONDITIONS, if any, giv	9	S A CONSEQUENCE OF:	Judician	
UNDERLYING CONDITION last.	(c) Chr	nickenal F	allore	Y/C
3-9-5/ 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	IDINGS CONSIDERED
WAS PERFORMED		Mes	IN CERTIFYING CAUS	ES OF DEATH?
21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WAERE DID office bldg., INJURY OCCUR?	(If in Boltimore)	City, give exoct location)
DEATH (notify medical examiner)	etc.)		U	
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX)	While At Not Wh	ile 🔲		
22. I certify that M (this haspital) attende	d the deceased from	(may 19	68 to 85	cal 1960
that (1) (we) last saw the deceased alive a	0			on death accurred on the
and hour and from the causes stated above	1			
23A. SIGNATURE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The the body direct dedition	12	3B, DATE SIGNED
Hamen on one		ending Med. S	toff	9 5me (2 -
OSC. PHYSICIAN'S	DEGREE Ph	ys. Director P 23D. ADDRESS	hys. 🗀	11-20618
NAME (Type)		in.	1.0 30	ICKE ODDS.
24A. BURIAL CREMATION, 24B. DATE 24C	DEGREE		CATION (City.	town, or county) (Stote
REMOVAL (Specify)				
BURIAL 6/13/68	MT. AUBURN	2SC. FUNERAL DIRECTOR	ALTIMORE,	MARYLAND
JUN 12 1968 R.C.	5 8 Jacksons	CHARLES A	TCE 661 W	V BARRE ST.
4 6 4	- The state of the	TATION TATION IN . THE	TARE COLL V	W PARAPETER, N. I.

CHARLES

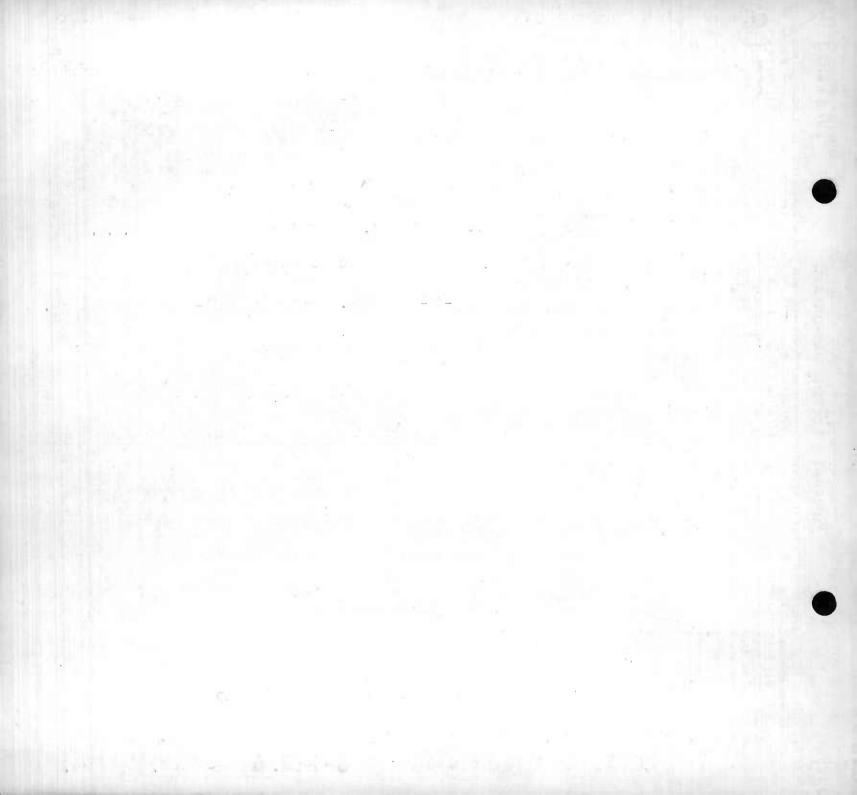
A. RICE 661 W. BARRE ST.

DATE OF THE STATE OF THE STATE

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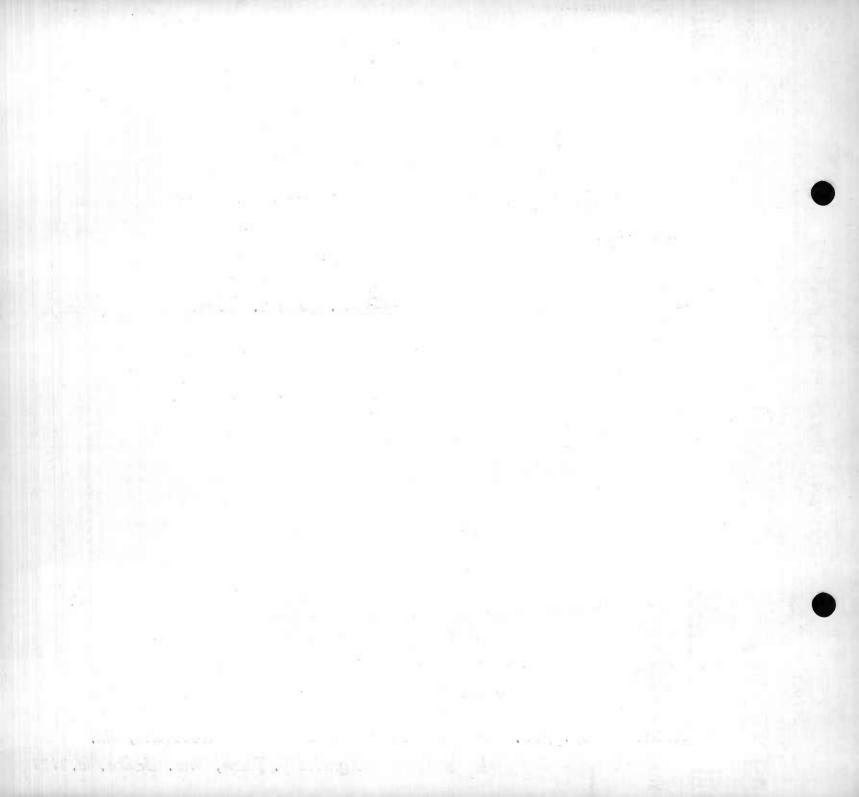
FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



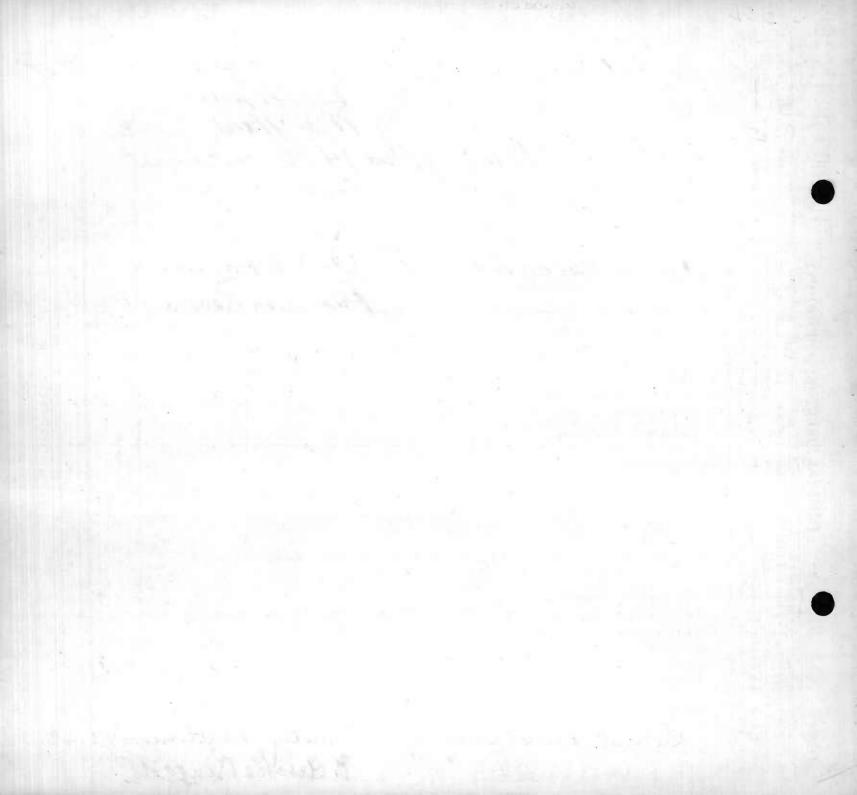
VS 150-REV. 1/1/68

		00	0.4	BALTIMORE CITY	HEALTH DEPARTMENT		00 0400
		00	3- 61	CERTIFICA	TE OF DEATH	REG. NO.	68- 6109
1.NA	ME OF DECE	Anna	Anne)	Hunphy	2. DATE AN	C / 11 / 6 %	12 35p M
3. PL	ACE IN BALTI	MORE MARYLAND,	WHERE PRON	IOUNCED DEAD	4. USUAL RESIDENCE (When		ution: residence before odmission)
FULL	NAME OF	(IF NOT IN HOSPI	TAL OR INST	TITUTION, GIVE STREET	Md.	21-	-44
HOS	TUTION	ADDRESS OR LOC	(ATION)		C. CITY OR TOWN		CITY LIMITS?
7,0		nd Gen.	HARR		Balti more	- Y	ES NO
			.,,,,		3311 Glen		
5. SE	9	W. RACE	7- MARRIE	DIVORCED	1/1/ 8ct 92	9. AGE (In years lost birthdoy)	f Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.
		PATION (Give kind of wo orking life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or force)	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. F	HOUSE.	wite			14. MOTHER'S MAIDEN NAM	AF.	USH
3.17	5		oney		Susan	Macgrego	· v
5. W Yes, r	as Deceased I	ver in U. S. Armed Fo	erces?	SECURITY NO 208	17. INFORMANT	4 0-	ADDRESS
-	No			218-54-291	Mr. John L.	Murphy	(Some)
11	B. 4-3	6.71		CAUSE OF DEAT	Н	1 7	APPROXIMATE INTERVAL
		OR CONDITION D			1	0 1	
1		I meon the made a		(A) IMMEDIATE CA	A CONSEQUENCE OF:	Im anest	
1	nearl failure, a	sthenia, etc. It mean lication which cause	s the diseas		A CONSEQUENCE OF:		
		NTECEDENT CAUSE			CUA d	11101111	
		CONDITIONS, il		(B)	A CONSEQUENCE OF:	<i>www.</i>	,
		abave cause (A)	stating II				
-	S S A V	1		(C)			
NO		ANT CONDITIONS CO					
X D	O THE DEATH	BUT NOT RELATED TO	THE TERMINA				
CERTIFIC	A. DATE OF	OPERATION 198. CO	NDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE FIN IN CERTIFYING CAUSI	DINGS CONSIDERED ES OF DEATH?
7 0	R CONTRIBUT	I WAS UNDERLYING CAUSE OF	h	PLACE OF INJURY (e.g., nome, form, foctory, street, cetc.)	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore C	City, give exact location)
2		Month) (Doy) (Yeor) (Hour) 2	TE. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
3	F INJURY APPROX.)			While At Not Whi	le 🗀 📗		
2	2. I certify t	hat (1) (this hospita	al) attended	the deceased fram	6/8/68	19 ta 6	11/68 19
+	hat (I) (we)	ast sow the deceas	ed alive or	6/11/6	819 and the	at in(my) (aur) apinia	in death accurred on the date
a	nd hour and	fram the causes st	ated abave.	(I) (We) (did) (did nat)	view the bady after death.		
2:	Lal	nh D.	Ren	mond un Att	ending Med.	Shaff Phys.	6/CI/68
2	NAME (Ty		PEV	MOND	23D. ADDRESS	l Com.	Herp.
24A	BURIAL CREM	ATION, 24B, DATE	7 6	NAME of CEMETERY OF CR	EMATORY 1840 14	OCATION (City,	town, or county) (Stote)
-700	REMOVAL (Se		168. N	1 (11 1 1		0 1 .	4. /
254	DATE REC'D	Y HEALTH DEPT.		ew (athedral	25C. FUNERAL DIRECTOR		e, Md. ADDRESS
2001	JU	N 12 1968	Real	A Falling		uck, Inc. E	Balto.Md. 21214



VS 150-REV, 1/1/68

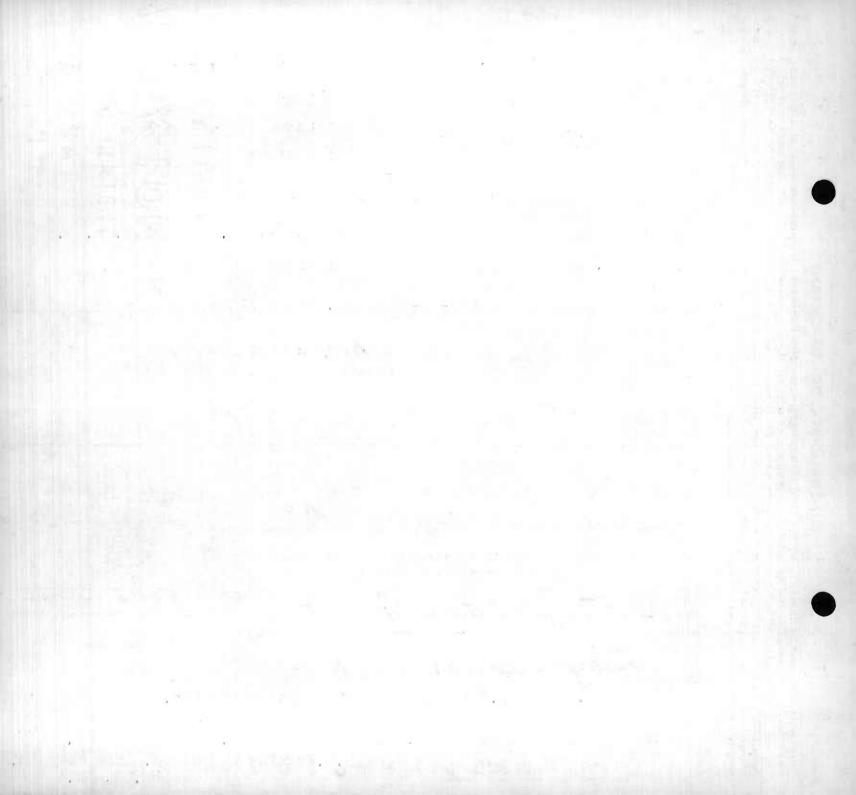
BALTIMORE CITY HEALTH DEPARTMENT

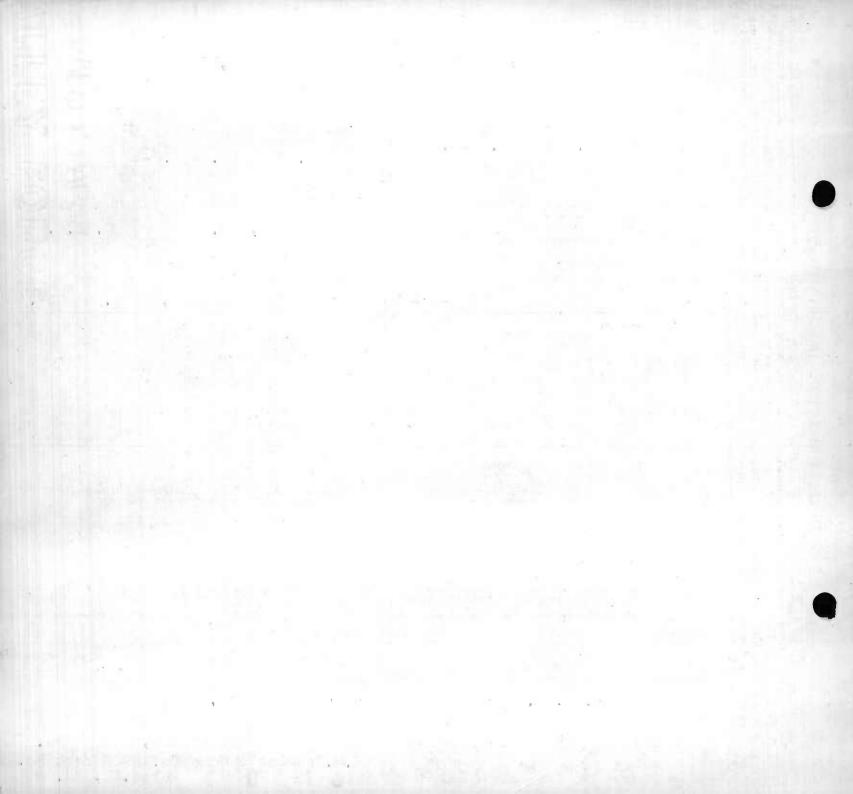


IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV, 1/1/6B





	68	- 611	3	TE OF DEATH	REG. NO	68- 6113		
BIRTH NO.			CERTIFICA			- Aller Aller		
1. NAME OF				-	AND HOUR OF DEAT	Н		
(Type or Print)	MIDDLETON, Char	les T.		Ju	ne 10, 1968	8:50 A.		
3. PLACE IN	BALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (V	vhere deceased lived. If	institution: residence before odmiss		
FULL NAME HOSPITAL OF	OF (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	C. CITY OR FOWN D. TINSIDE CITY LIMITS?				
12	Veterans Admir	istrati	on Hospital	Baltimore		YES X NO		
2)	3900 Loch Rave	en Boule	evard	E. STREET AND NUMBER	?			
	Baltimore, Man			12531 Harlen				
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24		
Molo	Name	WIDOWED		5/6/25	lost birthdoy) 43	Months Doys Hours Mi		
Male	Negro	1				12. CITIZEN OF WHAT COU		
	st of working life, even if retired)	TOO. KIND O	BOSINESS OK INDOSIKI	TI. BIRTH EX GE (Sigle of	rotergii coutiny)	12. CHILLIN OF WHAT COOL		
Dri	ver	Cal	Company	Baltimore.	Md	U.S.A.		
13. FATHER'S				Baltimore. 14. MOTHER'S MAIDEN N	NAME			
Ohean	Jac Middleton			Ethol Tinda	1037			
	les Middleton		11 4 SOCIAL	Ethel Linds	ia.y	ADDRESS		
Yes, no or unke	ased Ever in U.S. Armed For nown) (If yes, give wor or dote	s of service)	1 6. SOCIAL SECURITY NO.	INFORMANT		ADDKE22		
Yes	5/27/55 - 4/	/3/56	216-16-6900	VA Hospital R	decoreds Bal	Ltimore Md		
1B. 🔟	1991	2/2-	CAUSE OF DEAT	600		APPROXIMATE INTERV		
	SEASE OR CONDITION DI	DECTI V		Cerebral hem	onnhace	BETWEEN ONSET AND D		
DI:	LEADING TO DEATH	KEC IEI	(A) IMMEDIATE CAL		minimage	2 hrs.		
rise lo	S OR CONDITIONS, if the obove couse (A) YING CONDITION lost.			A CONSEQUENCE OF:				
TO THE D	SMIFICANT CONDITIONS CO DEATH BUT NOT RELATED TO T DR CONDITION GIVEN IN PAR	HE TERMINAL						
	OF OPERATION 198. CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 20B. IF YES, WER IN CERTIFYING O	E FINDINGS CONSIDERED CAUSES OF DEATH?		
U 21A. ACC	IDENT WAS UNDERLYING	21E	PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(If In Boltin	nore City, give exoct location)		
DEATH (RIBUTING CAUSE OF	hon		ffice bldg., INJURY OCCUR				
U		(Haud 225	INTERNACE CONTRACTOR	215 404 545	INJURY OCCUR?			
OF INJUR	Y		INJURY OCCURRED nile AI Not While		Magki Occok:			
(APPROX.)		W	ork At Work					
22. 1 cer	tify that (1) (this haspita	l) attended t	the deceased from	May 24th	19 68 to J1	une 10th 19 6		
					0.2	pinian death accurred an the		
						pinion decin decorred un the		
	and from the causes sta	ted abave. (1)/(We) (did) (dj8/ŋ6)/)	riew the bady after deat	th.			
23A. SIGN	ATURE		0	and the second second	s. # —	23 B. DATE SIGNED		
			1 OEGREE Phy		Staff Phys.	June 10, 196		
23C. PHYS	(E (Type)	Chun	en		. Hospital	timore, Md. 21218		
24A. BURIAL	CREMATION, 24B. DATE	24C. N	AME of CEMETERY of CR	EMATORY 24D	. LOCATION	(City, town, or county) (Sto		
REMOV	AL (Specify)							
Buri			Balto. Natio			, Maryland		
2SA, DATE RE	C'D BY HEALTH DEPT	DER NAME	OF MEGICIPAR	2SC, FUNERAL DIRECT	TOR	ADDRESS		
	THIM TO TORS	73 0 1	TO ALLEN MA					
	JUN 12 1968	Robert	OF REGISTRAK			1701 Laurens		

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68- 6114 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

>			OO-			A A A INTEDIO			DEAT		68-	611	1
BIR	TH NO.		MED	ICAL	CV.	AMINER'S	CKIIII	LATE OF	DEAT	REG. NO)		
1. 1	NAME OF DEC		7			(Pitt:	2s DATE OF	Known K	Month	Day 1	Yeor		
	EUGEN		L.			PETTIS	DEATH	Estimoted 📙	June	10, 1			P.M.
FUL HOS	PLACE IN BAI L NAME OF SPITAL INSTITUTION	(IF NO		LORINST		N, GIVE STREET		INCED DEAD	Manth June Te deceased liv	Doy 10,	1968	9:58	P.M.
	Mercy 1	Hospita	1 :.				A. STATE Mary			B. COUNTY	5	-02	
6. 5	EX	7. RACE		B. MARR	IED 🔀	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE	CATY LIMITS	5?	
n	nale	negro		WIDOW	ED 🗌	DIVORCED	Balt:	imore			YES X	NO 🗌	
9. [ATE OF BIRT	H	10. AGE (In			er 1 Yr. If Under 24 Hrs. Days , Haurs , Min.	E. STREET A	ND NUMBER					
	9-29-19	904	63	′	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		200 N	I. Aisqui	th Stre	et			
	BIRTHPL ACE (IZEN OF	13. FATHER'		11/2				
	etersb					M COUNTRY?		BERT PE					
dong	USUAL OCCU			14B. KIND	OF BU	ISINESS OR INDUSTRY							
	WAS DECEAS	ED EVED IN	ILC ADMED	FORCES	2 11	7 SOCIAL	18. INFORM	GGIE PE	TTIS		ADDRESS		
(Yes	, no ar unknawn	(If yes, give w	or or dotes	of service	,	7. SOCIAL SECURITY NO.							
N	19.				K	17-22-3630 CAUSE OF DEA	1	Cather	ine Pe	ettis	200	A1 Squ	
CERTIFICATION	(This does researched to the control of the control	IFICANT CON	DEATH mode of dyl It means the ch coused dea CAUSES ONS, IF ANY USE (A) STAT ON LAST. II HOLTIONS CO	ing, e.g., disease, th.) , GIVING ING THE		(A) IMMEDIATE C DUE TO, OR A	77		vascula	r Dise	ase		
H	DISEASE OF	ATH BUT NOT	GIVEN IN PA	RT (A).					~				
%	20A. DATE O	OPERATION	1 20B. CON	NOITION	FOR W	HICH OPERATION W	AS PERFORM	ED			21. AU	TOPSY? (Yes	or No)
	0											No	
EDIC	UNDERLYING UTING CA	USE OF DEA	TRIB-) 22E		e bldg., etc.) In				xact lacation	1)	
	ACTUAL SIGNATI EXAMIN	ER'S WE	Sul	nquiry [<u>!</u>	LAJ	topsy Ho	and that on micide CHIEF MEDICAL STANT MEDICAL CIATE MEDICAL	Undetermir EXAMINER EXAMINER			DATE SIG 6/11/6	
	NAME (MATION, 2	4B. DATE		246	NAME of CEMETERY	or CREMATO	RY 24D	LOCATION	(City, to	wn, ar caun	ty) (Sto	ate)
	MOVAL (Speci Burial		6-14-	68		Mount Auch	ann Co	m	Pal+4	mara	8.6-		a
_	. DATE REC'D	BY HEALTH I	DEPT.			Mount Aubi	25C. F	UNERAL DIREC	OR	more,	ADDRESS	arylan	
	7/7	NAR	368 (j	A Killey	S Gar	San Day	O MO	RTON; &	DAET.T.	F.H.	1/01	Laure	ns_St

Company of the second second second second

68- 6115 BALTIMORE CITY HEALTH DEPARTMENT

			MED	DICA		KAMINER'S			OF DE	ATH REG.	NO.	68-	61:	15
-	TH NO.	CEACED												
(Ty	NAME OF DE	CEASED					2. DATE OF	Known XX	_			Yeor	Hour	
	Charl				Brow		DEATH	Estimoted), [1968		0 P _M .
FUI	PLACE IN BA LL NAME OF SPITAL	(IF NO		AL OR INS		OUNCED DEAD ON, GIVE STREET	3. DATE PRONG	DUNCED DEAD	June		196	Year 8	6:1	0 P
OR	Si	nai Hos					A. STATE	RESIDENCE (W	/here deceos	B. COUN		: residence		
6.	SEX	7. RACE		B. MAR	RIED [NEVER MARRIED	C. CITY C	w/		D. INSIL	E CH	TY LIMITS?	0	
	male_	1	gro	WIDO				timore			YE	s X	NO 🗆	
	-9-192		10. AGE (I	(V)		hder 1 Yr. If Under 24 Hrs. hs Doys Hours Min.		AND NUMBER		nue				
11.	BIRTHPLACE	State or fore				ITIZEN OF	13. FATHE	R'S NAME						
B	altimo	re, Ma	arylar	nd		WHAT COUNTRY?	WI	LLIAM B	ROWN					
don	USUAL OCCI				D OF I	BUSINESS OR INDUSTRY		ER'S MAIDEN I		M				
	WAS DECEAS s, no or unknown Yes					17. SOCIAL SECURITY NO.	Mrs.	Ludie	Brown	2307		DDRESS lsin	ore A	venu
	19.	1.9				CAUSE OF DEA	тн						PPROXIMATE I	
	DISEA	SE OR CON	DITION DIRE	CTLY		041		T					TELLY OTHER	THE DEATH
	DIJLA	LEADING T		CILI		Cirrhos		Liver						
H	(This does	not meon the	mode of d	ying, e.g.,		(A) IMMEDIATE O		QUENCE OF:						
		e, osthenla, et mplication wh												
		AUTECEDEAU	CAUCEC											
	The second second second	OR CONDIT		y GIVINO		(B)	AS A CONS	EQUENCE OF:						
	RISE TO TH	IE ABOVE CA	AUSE (A) STA	TING THE										
Z	UNDEKLII	NG CONDI	HON LAST.			(C)								
CERTIFICATIO	TO THE DE	NIFICANT CO ATH BUT NO R CONDITION	T RELATED TO	THE TERM	MINAL			this disc answer consequently and the top the top of our open top any the top displaying the					ran ක්රේක් කියේ කියේ කියේ ක ක ක ක ක ක	2400000000000
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ü	2		- 1											
4	22A. EXTE	RNAL CAUSI	WAS		122B. F	PLACE OF INJURY(e.g.,	in or ohout	22C. WHERE D	ID (If in Bo	Itimore City, giv	e exo	ct location)	No	
EDIC	UNDERLYING C	G∏OR CON AUSE OF DE	VTRIB-	Tis	home	, form, foctory, street, offic	e bldg., etc.)	INJURY OCCU	R?					
2	OF INJURY (APPROX.)	(Month)	(Doy) (Yeo	r) (Hou	W		WHILE	22F. HOW DID	INJURY	OCCUR?				
н	23.				m. V	VORK L AT W	ORK							
п		tify that I	held on	Inquiry		Inspection X Au	topsy 🗌	and that a	n this ba	sis, deoth in	mv	oninlon		
П		Ited from:		-				lomicide		ermined mon				
	resu	-	Notoral col	1262 [12	A	ccident Suicio	16 🗀				ner L	_		
	ACTUA		100 1.	11		72-		CHIEF MEDIC					DATE SIG	NED
ш	SIGNA	2 A W	eru	e/L	1	M.D	. A5:	SISTANT MEDIC	AL EXAMIN	VER (LA)			6/11/	6.0
	EXAMIN		Werner	. U. S	Spit	M.D.)	ASS	OCIATE MEDIC	AL EXAMIN	IER 📙			0/11/	00
	A. BURIAL CRE	MATION,	24B. DATE		24	C. NAME OF CEMETERY	or CREMA	TORY 2	AD. LOCAT	ION (City,	town	, or county) (SI	ote)
KE	MOVAL (Spec		6-13	-68		Balto. Nat	11 Ce	em.	Balt	imore,		Ma	ryla	nd
25	A. DATE REC'I				VAME	OF REGISTRAR		FUNERAL DIR			A	DDRESS		
		4	2 1968	00	18	a Ton				173 TO T.T				
L	151 DEV 1/1/		H 1900		210	Co. Walley and	MC	DRTON &	DYET	T F.H.	1	/01 I	aure	ns S
A 2	151-REV. 1/1/6	D O							MP.					

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Sinei Hosp.

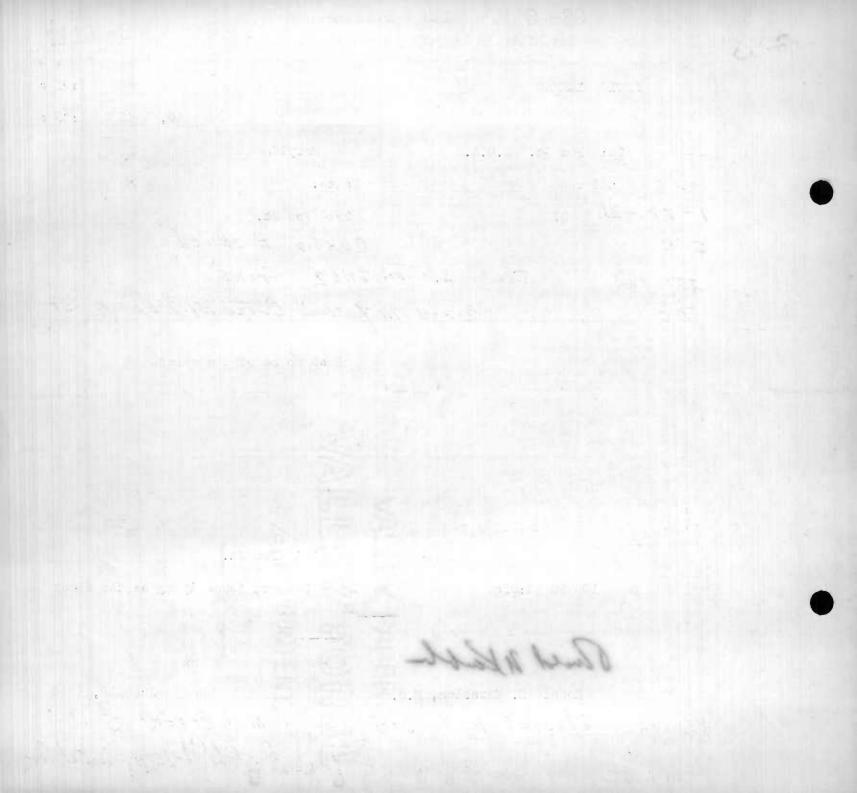
-Althmore, id.

Serial 6/Lu/1968 socilare carriery

68- 6117 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

	00-		BALTIMORE CITY HE					68-	CAA	44
	WE	DICAL EX	AMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO.	00-	011	1
BIRTH NO.										
NAME OF DEC	ceased ARTIS HICKMA	N		2. DATE OF DEATH	Known XX	Month 6	10	Yeor 68	1:05	au
	TIMORE, MARYLAND,		INCED DEAD	3. DATE		Month	Doy	Yeor	Hour	M.
FULL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTIO			NCED DEAD	Ju	ne 19,	1968	1:05	
OR INSTITUTION	201/ 15 0	+ DO		A, STATE	Marvel and		ed. If institution B. COUNTY	n: residence b	efore odmis	sion)
. SEX	2814 Fox S		NEVER MARRIED	C. CITY OR	Maryland		D. INSIDE	TTY LIMITS?		
Male	Colored	WIDOWED [DIVORCED	Balto			,	es 🖾 ı	10 0	
DATE OF BIRTI	H 10.AGE (er 1 Yr. If Under 24 Hrs.	E. STREET A	-			10		
1-28	- 3/ lost birthdo	oy) Month	Doys Hours Min.	2814	Fox St.			11	-0	
1. BIRTHPLACE (S	itate or foreign country)	12, CI	TIZEN OF	13. FATHER'S	NAME	1.	1			-/-
5.C		W	HAT COUNTRY?	CUR	113 HI	CKM	AN			
4A.USUAL OCCU	PATION (Give kind of work	14B. KIND OF B	ISINESS OR INDUSTRY	- 1						
Attend	orking life, even if retired)	allante	e plation	INE.	2 40	RE				
6. WAS DECEAS	ED EVER IN U.S. ARME	of service)	7. SOCIAL SECURITY NO.	18. INFORM	ant Das	is 1	Z/17 A	DDRESS ENSOR	: 5	_
19.	114		2 4 3 4 4 2791 CAUSE OF DEA		ne NUI	00 1	7. / 2.	APF	ROXIMATE IN	
54	661			· E				BETWI	EN ONSET A	ND DEATH
	E OR CONDITION DIRE LEADING TO DEATH	CTLY		C+	ah riound o	f the	ahaat			
(This does n	ot mean the made of d	ying, e.g.,	(A) IMMEDIATE O	AS A CONSEQU	ab wound o	or the	chest			
heort foilure injury or con	, osthenio, etc. It me <mark>ons</mark> th nplicotion which coused de	e diseose, oth.)								
	ITECEDENIT CAUSES									
DISEASES	NTECEDENT CAUSES OR CONDITIONS, IF AN		(B)	AS A CONSEQ	UENCE OF:	700 400 000 400 01				
	E ABOVE CAUSE (A) STANG CONDITION LAST.	TING THE								
2			(C)							
OTHER SIGN	IIFICANT CONDITIONS C	ONTRIBUTING								
O THE DEA	ATH BUT NOT RELATED TO	THE TERMINAL								
	OPERATION 208. CO		HICH OPERATION WA	AS PERFORMI	D	-		21. AUTO	PSY? (Yes o	r No)
0 2								YES		
	NAL CAUSE WAS		ACE OF INJURY(e.g.,			f in Boltimor	e City, give ex	-		,
	OR CONTRIB- USE OF DEATH.	home,	form, foctory, street, office	e bldg., etc.) IN	2814 Fox	C+		12	-07	/
Z 22D. TIME	(Month) (Doy) (Yea	r) (Hour) 221	Home	22	F. HOW DID INJ		JR?	/50	- /	
(APPROX.)	6 10 68	1:05a. w	RK NOT	WHILE X	Subject	found	lying	on the	floor	
23.	ify that I held an	Inquiry 🗌	Inspection	tonsyXX)	and that an th	is basis	death in my	apinian		
	ted fram: Natural car		cident Suicid				ned manner			
16301		A .	2		HIEF MEDICAL EX					
ACTUAL	a land	12/	Me		TANT MEDICAL EX				DATE SIGN	NED
SIGNATU		nge	M.D				CXIX.			
NAME (T	t a leavi	d N Vom	ablum MD	ASSO	CIATE MEDICAL EX	AMINER	□ .	June 10	1968	}
24A. BURIAL CRE		240	NAME of CEMETERY	or CREMATO	RY 24D. L	OCATION		n, or county)	(Sto	
REMOVAL (Specific Parties of Part	1/2 6/13	168 1	11/1 Crc	ek	m	111 (Preek	5	. C.	
25 A. DATE REC'D	BY HEALTH DEPT.	25B. NAME C	OF REGISTRAR	25C. F	UNERAL DIRECTO	R/ 1	als:	ADDRESS	1	1
	1 0 400G	10 0 to	8 Fallman	To the second	enh 19.0	och	AV 13	04 K.C	nessel	LANG
S 151-REV 1/1/68	101/ 7 × 1900	Ulotopic	8 9 77	1			/			



IMPORTANT

DIRECTOR:

FUNERAL

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approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death

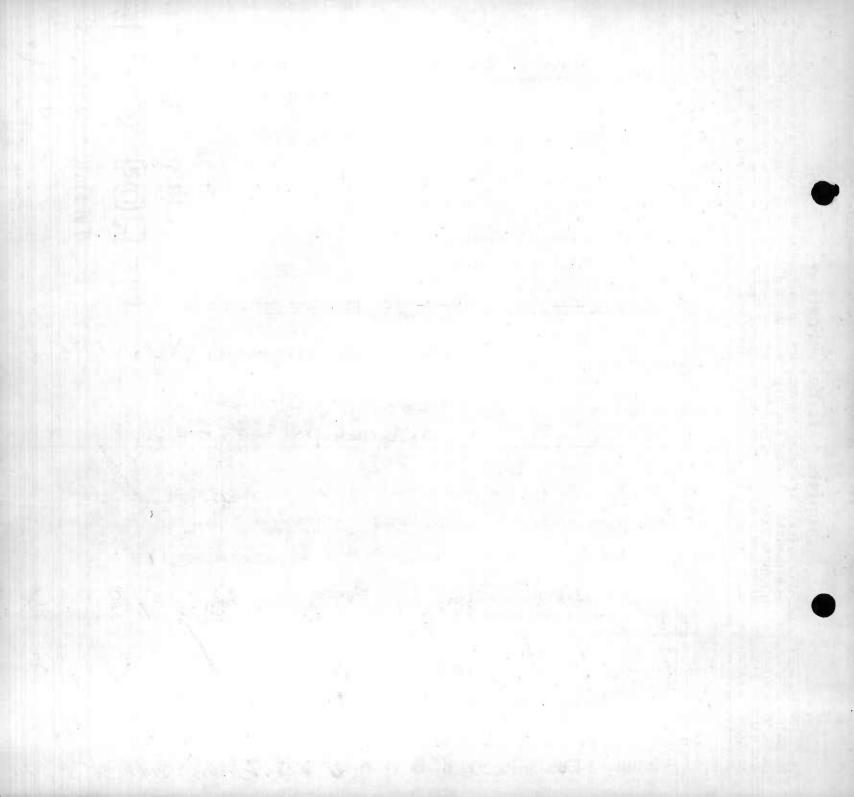
the body was released to the hospital by a medical examiner.

This certificate must be

		1	0 01	BALTIMORE CITY	HEALTH DELAKTMENT		h K = L'1110		
RIPT	H NO.		00- 01	TE OF DEATH	REG. NO	68- 6119			
1. N	AME OF DEC	EASED	s M. Edr		Jun. 9, 1968 //:30/				
3. P	LACE IN BAL	TIMORE, MARYLAND,			4. USUAL RESIDENCE IWH A. STATE B. COU	ere deceased lived. If	institution: residence before admiss		
FUL	LNAMEOF	(IF NOT IN HOSP	ITAL OR INSTIT	UTION, GIVE STREET	Maryland		27-14		
HO:	SPITAL OR				C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?		
0	()	10 Evans Cha	-		Baltimore		YES NO		
	Bal	Lto., Md. 21	211		E. STREET AND NUMBER				
5. SE	EV	6. RACE	17	*	8. DATE OF BIRTH	S Chapel Ro	TRUE TO THE STATE OF THE STATE		
Mi	ale	White	WIDOWED		Feb 24, 1891	77 yrs	Months Doys Hours Min		
		JPATION (Give kind of wo working life, even if retired		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUN		
	Engine			sualty Ins. e	Maryland		U.S.A		
3. F	ATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME			
		Willia	m Edring	ton	unknown				
		Ever in U. S. Armed F		1 6. SOCIAL	17. INFORMANT		ADDRESS		
163,	No	S. give wor or do	nes of service	215-05-4078	Mrs. Anna Edr	ington 4310	Evans Chapel Rd.		
T	18	0 . 07		CAUSE OF DEAT		THE TOT TOTO	APPROXIMATE INTERVA		
		aplication which couse ANTECEDENT CAUSE			A CONSEQUENCE OF:	boils.			
ATION	DISEASES OF THE PROPERTY OF THE PEAT	ANTECEDENT CAUSE OR CONDITIONS, il of obove couse (A GONDITION lost. I ICANT CONDITIONS C H BUT NOT RELATED TO ONDITION [IVEN IN P) OPERATION [IVE. CC	ony, giving ony, giving stoting the ONTRIBUTING THE TERMINAL ART 1 (A).	(B) COO	a consequence of: acbotic 20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WER	E FINDINGS CONSIDERED		
ERTIFICATION	DISEASES OF COMMENTS OF COMME	ANTECEDENT CAUSE OR CONDITIONS, it is obove couse (A GONDITION lost. I I I I I I I I I I I I I I I I I I I	ony, giving ony, giving stoling the ONTRIBUTING THE TERMINAL ART 1 (A). NOTION FOR	(B) QUE TO, OR AS (CONTO)	20A. AUTOPSY? (Yes or h	O 20B. IF YES, WER IN CERTIFYING C	CAUSES OF DEATH?		
CAL CERTIFICATION	DISEASES OF THE SIGNIF TO THE SIGNIF TO THE DEAT DISEASE OF CORP. A COLDER OF CONTRIBLE	ANTECEDENT CAUSE OR CONDITIONS, il of obove couse (A GONDITION lost. I ICANT CONDITIONS C H BUT NOT RELATED TO ONDITION [IVEN IN P) OPERATION [IVE. CC	ony, giving ony, giving stoting the ony, giving the ony stoting the ony one on one on one on one on one one on one on one on one one	(B) DUE TO, OR AS (CONTONION WHICH OPERATION B. PLACE OF INJURY (e.g., ne, form, foctory, street, o	mong thros a consequence of: acbotic C	O 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?		
MEDICAL CERTIFICATION	DISEASES OF THE SIGNIF TO THE SIGNIF TO THE DEAT DISEASE OF CORP. A COLDER OF CONTRIBLE	ANTECEDENT CAUSE OR CONDITIONS, il of obove couse (A GONDITION lost. I II CANT CONDITIONS C H BUT NOT RELATED TO ONDITION GIVEN IN P. OPERATION 198. CO WAS PI	ony, giving the ontrology of the service of the ser	WHICH OPERATION R. PLACE OF INJURY (e.g., one, form, foctory, street, one) INJURY OCCURRED Not While At Not While	20A. AUTOPSY? (Yes or North blogs, INJURY OCCUR?	(If in Boltim	CAUSES OF DEATH?		
MEDICAL CERTIFICATION	DISEASES OF CONTROL OF CONTRIBUTION OF CONTRIB	ANTECEDENT CAUSE OR CONDITIONS, il o obove couse (A GCONDITION lost. I IICANI CONDITIONS C H BUI NOT RELATED TO ONDITION GIVEN IN P. OPERATION 198. CO WAS PI TO WAS UNDERLYING UTING CAUSE OF medicol exominer (Month) (Doy) (Yeo	ony, giving ony, giving the ony, giving the ontributing THE TERMINAL ART 1 (A). ONDITION FOR ERFORMED 1 1Hour) 1 1Hour) 21E Why was off) ottended to	WHICH OPERATION S. PLACE OF INJURY (e.g., ine, form, foctory, street, on the street of the street o	20A. AUTOPSY? (Yes or No in or about 21C. WHERE DID INJURY OCCUR? 21F. HOW DID IN 19 68 and t	JURY OCCUR?	nore City, give exoct locotion)		
MEDICAL CERTIFICATION	DISEASES OF CITISE TO THE SIGNIF TO THE DEAT DISEASE OF COMPANDATE OF CONTRIBUTION OF CONTRIBU	ANTECEDENT CAUSE OR CONDITIONS, il of obove couse (A GONDITION lost. I II CANT CONDITIONS C H BUT NOT RELATED TO ONDITION GIVEN IN P. OPERATION 198. CC WAS PI TO WAS UNDERLYING THING CAUSE OF medicol exominer) (Month) (Doy) (Yeo that (I) (this haspitalised and the couses state RE	ony, giving ony, giving the ony, giving the ontributing THE TERMINAL ART 1 (A). ONDITION FOR ERFORMED 1 1Hour) 1 1Hour) 21E Why was off) ottended to	WHICH OPERATION S. PLACE OF INJURY (e.g., one, form, foctory, street, one) INJURY OCCURRED Not While At Work At Work of the deceased from the deceased fro	20A. AUTOPSY? (Yes or North and the body ofter deoth.	JURY OCCUR?	causes of DEATH?		
MEDICAL CERTIFICATION	DISEASES OF CRISE TO THE DEAT DISEASE OF CRISEASE OF C	ANTECEDENT CAUSE OR CONDITIONS, it is obove couse (A CONDITIONS), it is obove couse (A CONDITION IOSI. I I I I I I I I I I I I I I I I I I	ony, giving the only stoting the stoting the ONTRIBUTING THE TERMINAL ART 1 (A). NIDITION FOR ERFORMED	WHICH OPERATION R. PLACE OF INJURY (e.g., ne, form, foctory, street, on the control of the control of the deceased from	20A. AUTOPSY? (Yes or No in or obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID IN 19 ond to the obout 21C. Where death are one of the obout 21C. Where Did injury occurs? 21F. HOW DID IN 19 ond to the obout 21C. Where death are one of the obout 21C. Where Did injury occurs?	JURY OCCUR?	pinlen deoth occurred on the		
MEDICAL CERTIFICATION	DISEASES OF CITISE TO THE SIGNIF TO THE DEAT DISEASE OF COMPA. DATE OF CONTRIBUTION OF CONTRIB	ANTECEDENT CAUSE OR CONDITIONS, it is obove couse (A GONDITION S). I CANTECONDITION SOLUTION	ony, giving ony, giving ony, giving the stoling the ONTRIBUTING THE TERMINAL ART 1 (A). Short of the one of th	WHICH OPERATION S. PLACE OF INJURY (e.g., ine, form, foctory, street, on the street of the street of the street of the deceased from the	20A. AUTOPSY? (Yes or No. 20A. AUTOPSY? (Yes or No. 21F. How DID IN 19 Course) 21F. How DID IN 19 Course on the body ofter death. 23D. ADDRESS 4037 Falls Ro	JURY OCCUR?	pinlen death occurred on the		
MEDICAL CERTIFICATION	DISEASES OF CITISE TO THE SIGNIF TO THE DEAT DISEASE OR COPA. DATE OF CONTRIBUTION OF CONTRIBU	ANTECEDENT CAUSE OR CONDITIONS, it is obove couse (A GONDITION S). I CANTECONDITION SOLUTION	ony, giving ony, giving stoting the ony, giving the ony, giving the ony, giving the ony, giving the terminal art 1 (a). ONTRIBUTING THE TERMINAL ART 1 (a). INDITION FOR ERFORMED 21E hor etc. OT ottended to seed olive an otted obove. (c) OT ottended to seed olive an otted obove. (c)	WHICH OPERATION S. PLACE OF INJURY (e.g., one, form, foctory, street, one) INJURY OCCURRED The deceased from the dece	20A. AUTOPSY? (Yes or No in or about 21C. WHERE DID INJURY OCCUR? 21F. HOW DID IN 19 Ond to 19	JURY OCCUR?	pinion deoth occurred on the		

Evans Chapel Rd. APPROXIMATE INTERVAL WERE FINDINGS CONSIDERED G CAUSES OF DEATH? Itimore City, give exact location) opinion death occurred on the date 23 B. DAJE SIGNED 24D. LOCATION (City, town, or county) (Stote) Baltimore, Maryland ADDRESS 25C. FUNERAL DIRECTOR

VS 150-REV. 1/1/68

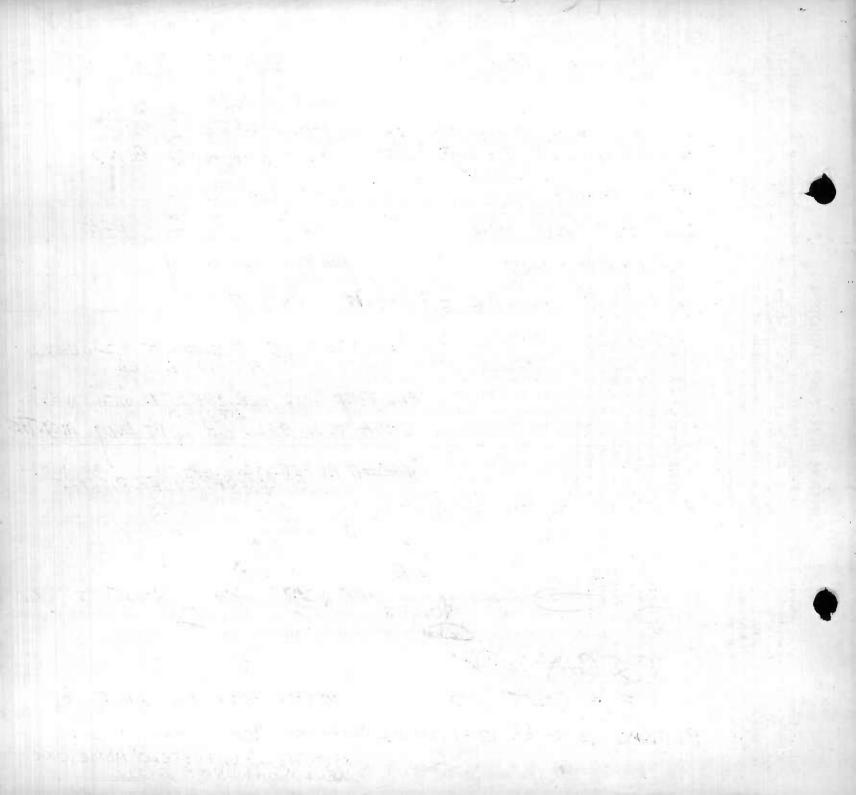


IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

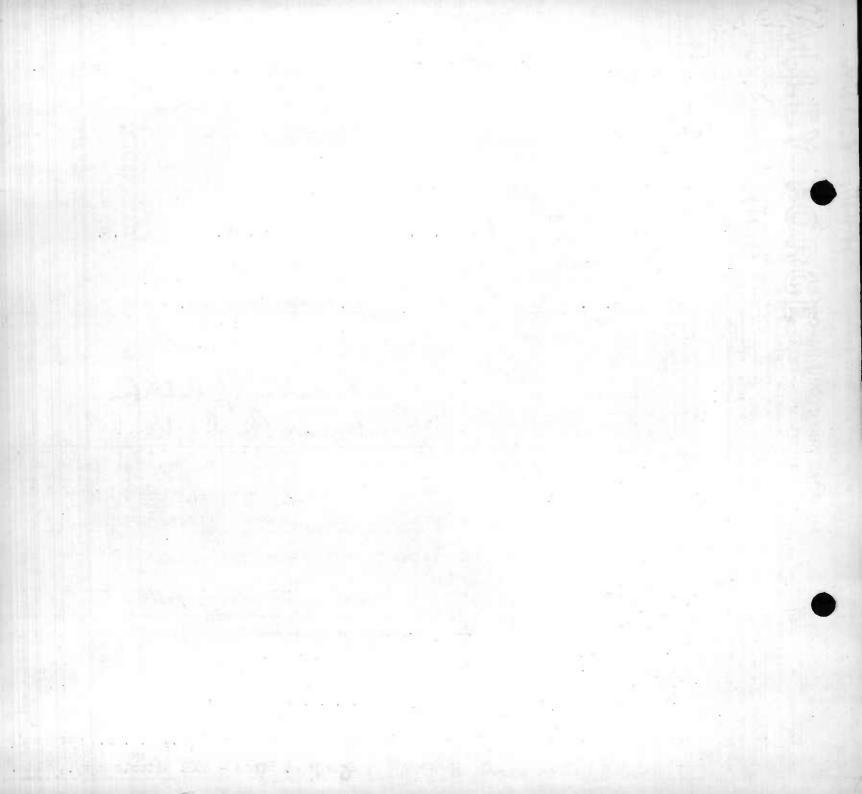


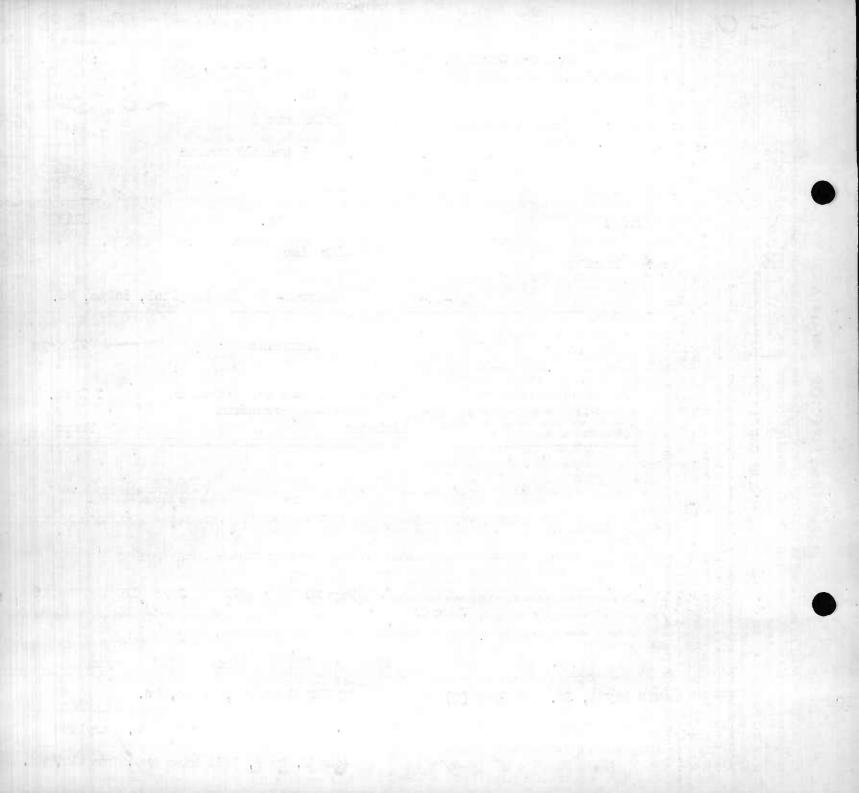
0.10.1	BALTIMORE CITY HEALTH DEPARTMENT
- 6121	CERTIFICATE OF DEATH

F.G.	NO.	68- 6	121
LO.	140.		

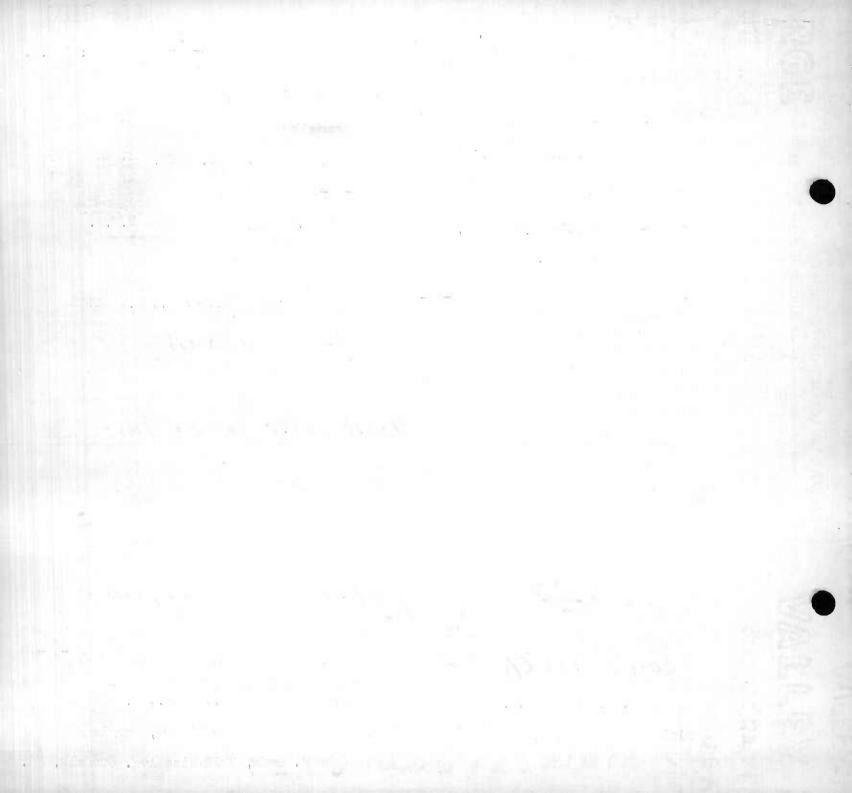
BIRTH NO.	68	- 61	21 CERTIFICA	ATE OF DEATH	REG. NO	00 ULLI
1. NAME OF DE	CEASED		yska, Sr.		AND HOUR OF DEATH	1 /1:30 a. M.
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONG	DUNCED DEAD	A. STATE 8. CO	here deceased lived. If	institution: residence before admission)
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTI	TUTION, GIVE STREET	Maryland c. CITY OR TOWN	O IN	SIDE CITY LIMITS?
INSTITUTION				Baltimore	D. IN	YES X NO
40				E. STREET AND NUMBER	2	110 [2]
SOUTH E	BALTIMORE GENE	RAL HOS	SPITAL	335 Washburn	Avenue	
5. SEX	6. RACE	7. MARRIEC	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Male	White	WIDOWE	DIVORCED _	8/12/92	75	
	CUPATION (Give kind of work f working life, even if relired)	108. KIND C	F BUSINESS OR INDUSTR	11. BIRTHPLACE (Stole or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
Reti		В	& O R. R.	Woodstock	c. Md.	U.S.
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	IAME	
Valent	ine Janyska			Veronica	Stochi	
S. Was Deceose	d Ever in U. S. Armed For n) (If yes, give wor or dote	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes	W. W. I	0. 2011166/	JECORIII NO.	Mrs. Stanley J	anyska.Sr	- same
OTHER SIGN TO THE DEAD TO THE	ASE OR CONDITION DIL LEADING TO DEATH nal mean the made at, asthenia, etc. Il means in mplication which caused an accordance of the condition	dying, e.g the disease death.) any, giving slating the NTRIBUTING HE TERMINAL TI (A). DITION FOR FORMED (Hour) 21 W	(B) DUE TO, OR A (C) WHICH OPERATION B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	IN CERTIFYING C	Labri Lace Jesus E FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exact location)
that (N) (we and have an 23A. SIGNAT 23C. PHYSICI NAME CONTRACTOR REMOVAL Burial	ANS Type) EMATION, 24B. DATE 6-10-196	ded alive on led above.	(1) (1) (did) (did) (Aldrea) APPL AEGREE NAME of CEMETERY OF CI	view the bady ofter dect rending Med. pirector 23D. ADDRESS S.B.G.H 12 REMATORY 24D	Shoff K Phys. K 13 Light Str LOCATION tchie Hgwy.	23B. DATE SIGNED 6/7/68 eet City, town, or county) (State) A.A.Co., Maryland
ZDA. DATE REC'	UN 12 1968	Robert	OF REGISTRAR			Ritchie Hgwy., Balto

VS 150-REV. 1/1/68





VS 150-REV. 1/1/6B



68- 6124 BALTIMORE CITY HEALTH DEPARTMENT 2-525

MED			ERTIFICATE OF DEAT	TH PEG NO	68- 6124
BIRTH NO.				REG. NO.	
1. NAME OF DECEASED (Type or Print)		2	2. DATE Knawn XX Manth	Day	Yeor Hour
FREDERICK J.	SIMON		OF DEATH Estimoted June	10, 196	58 2:40 P _M .
4. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD) 3	3. DATE Month	Day	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL ADDRESS OR LOCATOR INSTITUTION	L OR INSTITUTION, GIVE STREET	i_	PRONOUNCED DEAD June	10, 1968	M.
Baltimore City Hos	pitals		5. USUAL RESIDENCE (Where deceased A. STATE Maryland	B. COUNTES	ltimore 53
6. SEX 7. RACE	B. MARRIED A NEVER MARI	DIED TO	C CITY OF TOWN	D. INSIDE CIT	Y LIMITS?
male white	WIDOWED DIVOR	RCED 🗌	Baltimore Dundalk	YE	s No 🖺
9. DATE OF BIRTH Oct. 19, 1913 10. AGE (In last birthdoy 54			E. STREET AND NUMBER 1909 Oxley Road		
11, BiRTHPLACE (State or fareign cauntry)	12. CITIZEN OF		3. FATHER'S NAME		
Maryland	WHAT COUNTR	Y?	Michael Simon		
14A.USUAL OCCUPATION (Give kind of work)	14B. KIND OF BUSINESS OR H	NDUSTRY	15. MOTHER'S MAIDEN NAME		
dane during most of warking life, even if retired) Mechanic	Service Station		Mary Becker		
16. WAS DECEASED EVER IN U.S. ARMED	FORCES? 17. SOCIAL	NOVO	B. INFORMANT	AD	DRESS
(Yeshoar unknown) (If yes, give wor or dates	of service) 218CURDY	1358	Katherine Simon, 190	9 Oxley	Rd. Dundalk, Md.
19. 44 13 4	CAUSE	OF DEATH	1		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIREC	CTLY				
LEADING TO DEATH	Art	erioso MEDIATE CA	lerotic Cardiovascul	ar Diseas	se
(This daes not mean the mode of dy	ing, e.g.,		A CONSEQUENCE OF:	· ~ ~ = = = = = · ~ ~ ~ = =	
heart failure, asthenia, etc. It meons the injury or camplication which coused dea	aisease, ith.)				
ANITECED EN L'ANITEC					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY	GIVING (B)	E TO, OR AS	S A CONSEQUENCE OF:		~~~~~~
RISE TO THE ABOVE CAUSE (A) STATUNDERLYING CONDITION LAST.	ING THE				
Z UNDERLYING CONDITION LAST.	(C)				
E 42211 II		110			
OTHER SIGNIFICANT CONDITIONS CO					
DISEASE OR CONDITION GIVEN IN PA	ART 1 (A).		행하고 및 하고 보고		
20A. DATE OF OPERATION 20B. CON	NDITION FOR WHICH OPERA	ATION WAS	PERFORMED		21. AUTOPSY? (Yes or Na)
2					Yes
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH.	home, farm, factory, st	URY (e.g., in treet, office l	n ar obout 22C. WHERE DID (If in Boltimbldg., etc.)	are City, give exac	t lacatian)
☐ UTING ☐ CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCC	CURRED	22F. HOW DID INJURY OCC	UR?	
OF INJURY (APPROX.)	WHILE AT	NOTW			
23.	m. WORK	AT WO	ORK L.		,
I certify that I held on I	nguiry Inspection	Auto	opsy 🛚 and that on this basis	. death In my	oninion
		Suicide			7
resulted from: Notural cou	ses Accident	Juicide		ined monner L	_
ACTUAL 1100 AAO	10705		CHIEF MEDICAL EXAMINER		DATE SIGNED
SIGNATURE_	11/1/	M.D.	ASSISTANT MEDICAL EXAMINER	N.	6/11/68
EXAMINER'S Werner NAME (Type)	U. Spitz, M.D.		ASSOCIATE MEDICAL EXAMINER		0/11/00
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CE	EMETERY of	CREMATORY 24D. LOCATION	N (City, town,	, or caunty) (State)
REMOVAL (Specify) Burial 6/14/6			Cemetery	Baltimo	re, Maryland
JUN 12 1968	258. NAME OF REGISTRAN	Degra.	John J. Duda 792		Dundalk, Md.
VS 151-REV. 1/1/6B	7 9 9				

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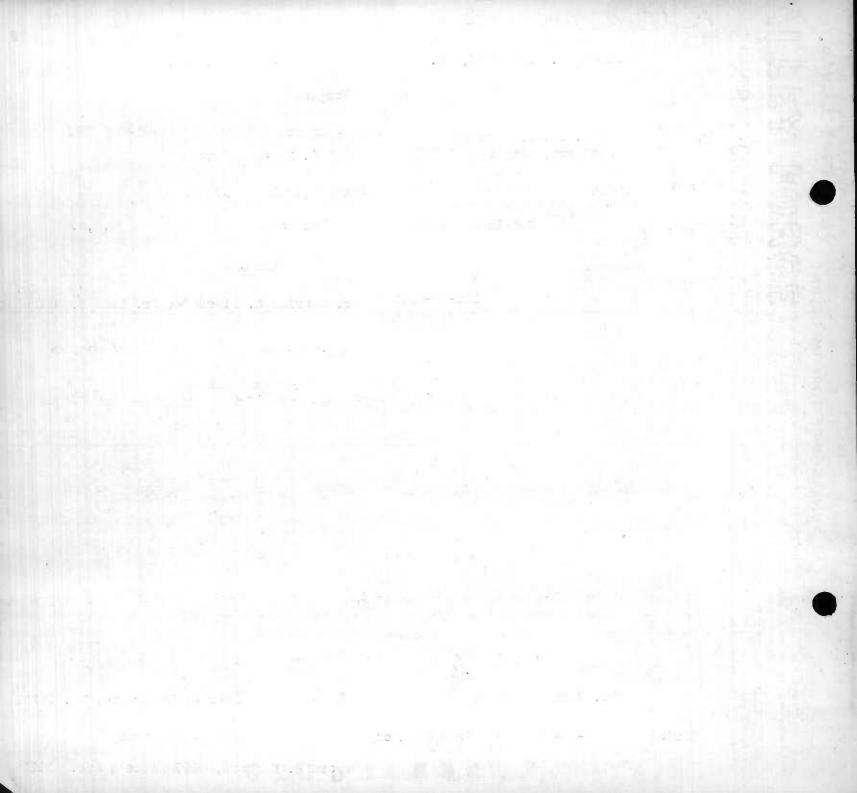
BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/6B

	110	Lyland		16		2)	
	C. CITY	OR TOWN	INSID	DE CITY LIMITS?			
	Ва	ltimore			YES X	NO	
	E. STREE	Itimore ET AND NUMBER					
	40	2 S. Pulas	ki Street				
7	8. DATE	OF BIRTH	9. AGE (In years		If Under Months	1 Yr. , If L	Inder 24 Hrs.
7	Apri	1 6,1911	lost birthday) 57		Months	Doys Hou	s Min.
RY	11. BIRTHPLACE (State or foreign country)				12. CITIZEN OF WHAT COUNTRY?		
	Maryland				U.S,A.		
	14. MOT	HER'S MAIDEN NA	ME			333	
		Unkı	nown				
	17. INFO	RMANT				ADDRESS	St.
	Mr	Charles A	Albrech	+ 1	[r]	608 9	Ellamont
A TH		Ollar Les 11	· MIDLECII	, ,	1		TE INTERVAL
	100				В	ETWEEN ONS	ET AND DEATH
	-					1 ho	
	SE CONSEC	QUENCE OF:	7				- to
	- (+ 1	-+1			prom.	
usclestichent disans 5 yrs							
AS	A CONSE	QUENCE OF:					
					-		
_					-		

-	20 A.	AUTOPSY? (Yes or N	o) 208, IF YES. V	VERE FIL	NDINGS	CONSIDERE	D
		AUTOPSY? (Yes or N	IN CERTIFYING	G CAU	SES OF E	DEATH?	
a. ir	or obout	21C. WHERE DID	(If in Be	ltimare	City, give	exoct lacation	anl
of	fice bldg.,	21C. WHERE DID INJURY OCCUR?	(1.7.1.2.4		0.171 9.11	oxoci ideaiii	411)
		21 F. HOW DID IN	JURY OCCUR?				
hile rk							
A CONTRACTOR	04	19	19 68 to	61	9		1068
		C #					17,
	19	and t	hat in (my) (aut) opini	ian deot	h accurred	an the date
) v	lew the	bady after death.					
					23B. DAT	ESIGNED	
hys	nding _	Med. Director	Staff Phys.		6/1	1/68	
	23D. ADD		,			, ,	
	2	030 Wilken	a Azzoniio	Do 1	+ i	wo Md	21222
REE							. 21223
CRE	MATORY	24D.	LOCATION	(City	, town, o	r county)	(State)
r	У		Woodlawn,	Cen	neter	У	
		FUNERAL DIRECTO				ADDRES	5
	HOW	ard H. Hub	Hard 410	7 W	1ken	s Ave	21229
_	The W	Pro II. Hab	3414, 710	, , ,,	LIKCII	J VC.	
							2



BETWEEN ONSET AND DEATH Edward F. Wilson, M.D. (City, town, or caunty) 24A. BURIAL CREMATION. 24C. NAME of CEMETERY or CREMATORY 24B. DATE 24D. LOCATION REMOVAL (Specify) Howard County, Maryland Meadowridge Cemetery 6-13-68 Burial ADDRESS 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. 1968 4107 Wilkens Ave 21229 Howard H. Hubbard VS 151-REV, 1/1/68

The state of the s

-400 FET JES

THE REPORT OF THE PARTY OF THE

2 Parket

warm of midemiliade on-of-b

ACTUAL

REMOVAL (Specify)

VS 151-REV. 1/1/68

Burial

SIGNATURE

EXAMINER'S

NAME (Type) 24A. BURIAL CREMATION,

25A. DATE REC'D BY HEALTH DEPT.

22D. TIME (Month) (Doy)

6/9/68

I certify that I held on Inquiry L

24B. DATE

Werner U. Spitz

6-12-1968

resulted from: Notural causes

(Year) (Hour) 22E.INJURY OCCURRED

Inspection

M.D

25B. NAME OF REGISTRAR

NOT WHILE

Autopsy X

Suicide

M.D.

24C. NAME of CEMETERY or CREMATORY

Zions Hill Cem.

12:50 A M. WHILE AT WORK

OF INJURY

(APPROX.)

	68-	6127 BALTIMORE CITY HEA	ALTH DEPARTMENT		
	MEDIC	CAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	20 04.01	
BIF	TH NO.		REG. NO.	08- bla/	
1. (Ty	NAME OF DECEASED be of Print) HUBERT	HALL	2. DATE Known X Month Doy OF DEATH Eslimated June XX 9.	Yeor Hour 1968 3:15 A.M.	
4.	PLACE IN BALTIMORE, MARYLAND, WHI		3. DATE Month Doy	Yeor Hour	
HO	L NAME OF (IF NOT IN HOSPITAL (SPITAL ADDRESS OR LOCATIO INSTITUTION	OR INSTITUTION, GIVE STREET	5. USUAL RESIDENCE (Where deceased lived. If institution:	968 3:15 A.M.	
	Mercy Hospital		A. STATE B. COUNTY Maryland	7-0	
6.		MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CH	LIMITS?	
b	male white v	VIDOWED DIVORCED	Baltimore YE	s 🖾 NO 🗌	
9. [DATE OF BIRTH 12-2 1929 10. AGE (In your lost birthday)	Months, Doys, Hours, Min.	E. STREET AND NUMBER 1703 N. Calvert Street		
11.	BIRTHPLACE (Stote or foreign country) Robeson Co., N.C.	12. CITIZEN OF WHAT COUNTRY? USA	13. FATHER'S NAME Douglas Hall		
	.USUAL OCCUPATION (Give kind of work) 145 e during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	Annie Mae Tock	lear	
16. (Ye	WAS DECEASED EVER IN U.S. ARMED F s, no or unknown) (If yes, give wor or doles of Yes WW II	ORCES? service) 17. SOCIAL SECURITY NO.	Mrs. Gladys H. Lowery Rt. #	North Carelina	
	19.	CAUSE OF DEAT	тн	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTI LEADING TO DEATH	Multiple	e Stab Wounds		
	(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES		AS A CONSEQUENCE OF:	ang ammuni ang kanaka anaka 60 ka kanaka 600 ka	
Z			AS A CONSEQUENCE OF:		
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO TH DISEASE OR CONDITION GIVEN IN PART	E TERMIN AL			
CERT	20A. DATE OF OPERATION 20B. COND	ITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No)	
1	A	Tool of the or in the contract of	Loop Marie and M	Yes	
EDICA	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	home, form, foctory, street, office street	In or obout 22C. WHERE DID (If In Boltimore City, give exore bldg., etc.) INJURY OCCUR? in front of 210 E. Lar	ivale St. 12-05	

22F. HOW DID INJURY OCCUR?

CHIEF MEDICAL EXAMINER

24D. LOCATION

ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

Homicide XX

subj. stabbed by girl friend

Undetermined monner

Robeson Co., N.C.

DATE SIGNED

(Stote)

6/9/68

(City, town, or county)

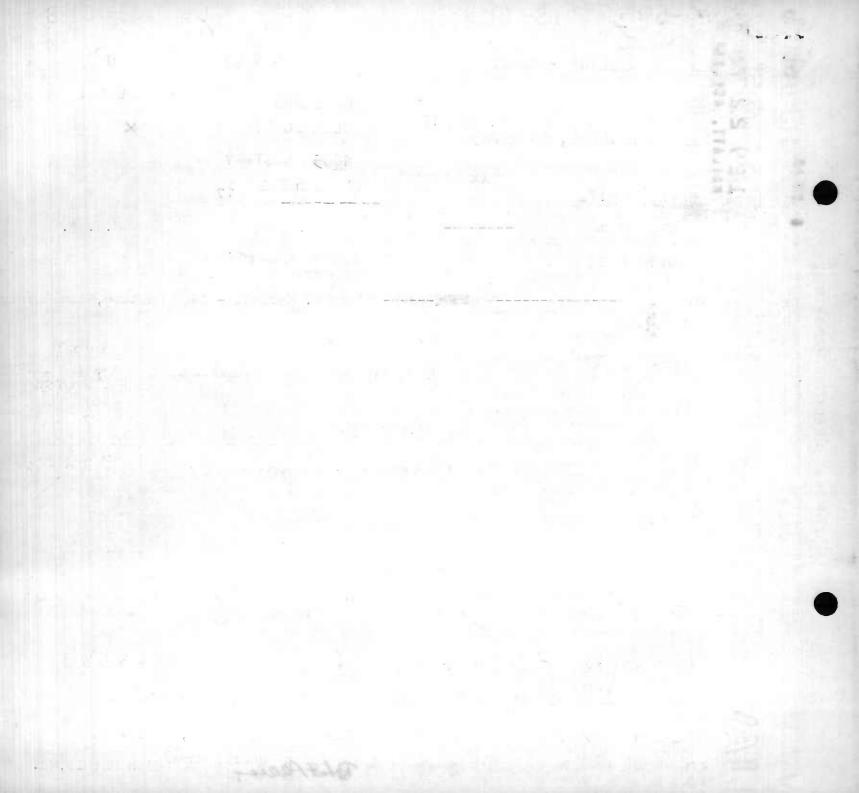
Cook-Brooks, Inc. Balto., Md. 21202

ADDRESS

ond that on this basis, death in my apinion

The cladys hit on my in " with

VS 150-REV. 1/1/6B



4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission MARYLAND, ANNE ARUNDEL D. INSIDE CITY LIMITS? NO XX NO If Under 24 Hrs. If Under 1 Yr. Months! Doys Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. 1916 CiADDRESS Road Balto. Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) ond that in (pry) (our) opinion death occurred on the date 23B, DATE SIGNED opprovol prior at NAME (Type) DESMOND M.D. THE JOHNS HOPKINS HOSPITAL DEGRE 24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) the body o shows: 6/11/68 Glen Haven Membrial Pk. Glen Burnie, Maryland M ds 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS Home/Glen Burnie. VS 150-REV. 1/1/6B

and the second s Discours -Mechanista Co 13 13

M-500

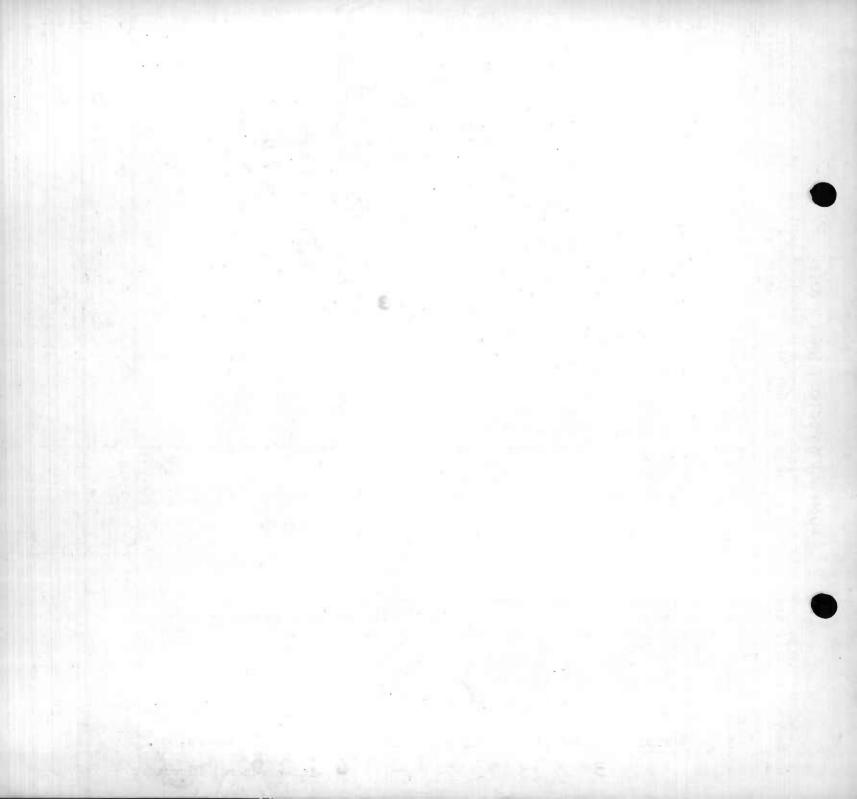
68- 6130 BALTIMORE CITY HEALTH DEPARTMENT

	CERTIFICATE OF DEATH REG. NO.	68- 6130
BIRTH NO.		
1. NAME OF DECEASED (Type or DOR IS E. MAJKA	2. DATE Known K Month Doy Y OF DEATH Estimated June 18 196	68 5:28 Am.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		feor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION) OR INSTITUTION	PRONOUNCED DEAD June 8, 190 5. USUAL RESIDENCE (Where deceased lived. If institution: residence)	М.
Johns Hopkins Hospital (DOA)	A STATE Maryland B. COUNTYA.	52-00
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIA	NITS?
female white widowed Divorced	× SAN SINGLEX GlenBurnie YES X	No 🗆
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs lost birthday) 9/21/1928 10. AGE (In years Months, Doys, Hours, Min Months, Min		ie)
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Henry Hopkins	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTI		
House wife Own Home	Matilda Lyons	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRES	
(Yes, no or unknown) (If yes, give wor or dotes of service)	Anthony Majka - Glen Burnie,	Maryland
19. 430.9 I CAUSE OF DE	ATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Subarac	chnoid Hemorrhage originating	
(A)IMMEDIATE	CALISE	
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
injury or complication which coused death.) Willis		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:	
Z UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	VAS PERFORMED 21.	AUTOPSY? (Yes or No)
B COMMISSION OF THE COMMISSION	TEN OWNED	TAKE I
₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g	, in or obout 22C. WHERE DID (If in Boltimore City, give exact loca	NX Yes
UNDERLYING OR CONTRIB. home, form, foctory, street, off UTING CAUSE OF DEATH.	ce bldg., etc.) INJURY OCCUR?	,
OF INJURY (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED		
	T WHILE WORK	
	utapsy X and that on this basis, death in my apin	ian
	de Hamicide Undetermined manner	1011
resulted from Natural causes (A) Accident 501c	CHIEF MEDICAL EXAMINER	
ACTUAL /// A. I A. T. T.	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	D.	6/9/68
EXAMINER'S Werner U. Spitz M.D.	ASSOCIATE MEDICAL EXAMINER	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETER	ar CREMATORY 24D. LOCATION (City, town, or c	county) (Stote)
Burial 6/11/68 Dak Lawn	Cemetery Baltimore, Mary	land
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRE	
JUN 12 1968 Robert & Farther	Singleton Funeral Home/Gl	en Burnie,Md
VS 151-REV. 1/1/68	0 11 0	

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7	1	210	BALTIMORE CITY	HEALTH DEPARTM			68- 6131
)-325 68-1	010	CERTIFICA	TE OF DEA	TH '	REG. NO	00_ 0191
	TH NO. AME OF DECEASED		CERTIFICA .		ATE AND HOU	OF DEATH	
	e or Print))	0	2. 0	- mark		x . 11100
2	JOSEPH L		DINAS	4. USUAL RESIDENC		10,196	
3.	PLACE IN BALTIMORE, MARYLAND, WHERE P	KONO	UNCED DEAD	A, STATE B.	COUNTY	ed lived, if ins	litution; residence before admission)
FU	LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITI	JTION, GIVE STREET	MARYL	AND		10-01
HO				C. CITY OR TOWN		D. INSIC	DE CITY LIMITS?
0	LITTLE SISTERS	BALTIN	IORE		YES NO		
/	U 1200 VALLEY S	TR	EET	E. STREET AND NUM			
			AND 21202	1200 V	ALLEY	STRE	E7
5, 5				B. DATE OF BIRTH	O AGE	In weeks	If Under 1 Yr. If Under 24 Hrs.
	1/1	OWED		3-15-18	lost birth	doyl & L	Months Doys Hours Min.
-OA	USUAL OCCUPATION (Give kind of work 108, KI					20	12. CITIZEN OF WHAT COUNTRY
don	during most of working tife, even if retired)	10 01	DOSINESS OR INDUSTRI	1		Α,	
	JANITOR	-		LITHU.	ANIA		LITHUANIA
13.	FATHER'S NAME			14. MOTHER'S MAID	EN NAME		
	JOSEPH DEDI	14	e ·	Man	in A.	16.110	TOITIS
5.	Was Deceased Ever in U. S. Armed Forces?	VIT.	1 6. SOCIAL	IN ART	17/4 //	W 0 3	ADDRESS
	,no or unknown) (If yes, give wor or dotes of se	rvice)	SECURITY NO.			-	12001/11/EV ST.
	No		215-30-3735	LITTLE DIS	TERSOFT	HE TOOR	BALT, IND.
	18.		CAUSE OF DEATH				APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY				10	1	BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAU	SE / CAMM'N	sol Ca	2 01	
	(This does not meon the mode of dying,		DUE TO, OR AS	A CONSEQUENCE OF:			
	heart failure, asthenia, etc. It means the dis injury or complication which coused death.)		Λ	^	. ,		
	ANTECEDENT CAUSES		m125	Loto al	man of		
			(B)	A CONSTOURNER OF	-COPIO		
	rise to the obove couse (A) stoling	-	DUE 10, OK AS	A CONSEQUENCE OF	•		
	UNDERLYING CONDITION lost.		(c)				
	1778 II						
N O	OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING					
ATI	TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	INAL	100000000000000000000000000000000000000			*	
	19A. DATE OF OPERATION 198. CONDITION	FOR \	WHICH OPERATION	20A. AUTOPSY? (Ye	s or No) 208, IF	YES, WERE F	INDINGS CONSIDERED SES OF DEATH?
ERTIFIC	WAS PERFORMED)			IN CE	RTIFYING CAU	SES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B.	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE	DID	(If in Boltimore	City, give exoct location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hom etc.	e, form, foctory, street, of	fice bldg., INJURY OC	CU R?		
U							
LEDI	21 D. TIME (Month) (Doy) (Year) (Hour		INJURY OCCURRED		DID INJURY OC	CUR?	
\$	(APPROX.)	Whi	ile At Not While				
	22. I certify that (I) (this haspital) atten	ded t	he despect from		1956	- le	me 10 1968
			fune 10	196€		7	
	that (I) (we) last saw the deceased alive	e an	June 10	198	and that in (m	y) (aur) opin	fon deoth occurred an the date
	and havr and from the causes stated abo	ve. (I) (We) (did) (did/nat) v	iew the bady after o	death.		
	23A. SIGNATURE)	, ///				238, DATE SIGNED
	Thankel (.	m	Leco of Atte	nding Aed.	Staff Phys.		6.11.68
	23C. PHYSICIAN'S		DE GREET	23D. ADDRESS	- Filys. —		22 4
	NAME (Type)		M,D,	11.0	103	1	Ð.,
	STANLE	Yf	TNKUDAS, DEGREE	1101 IVIALUE	N(HOIC	E-HNE	DALTIMORE MD.
244	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. N	AME of CEMETERY OF CRE	MATORY	24D. LOCATION	(City	, town, or county) (Stote)
	Burial 6/13/68	u-	Tr Redeemen		Reltim	ore, Md	
25A			oly Redeemer	25C. FUNERAL DI		or o, Mu	ADDRESS
	HIN 1 2 1968 A D	Par S	TA ME MIN !	0 1 5	•	Dina	
	THE PARTY OF THE	M)	my desired and	Witzke	Funeral	Direct	Ors
1/5	150-REV. 1/1/6B						



1	RTH NO.	CERTIFICATE OF DEATH REG. NO.	
	NAME OF DECEASED pe or Print)	2. DATE Knawn Manth Day	Year Haur
	MARY WASSERMAN	DEATH Estimoted 12	68 12:0
100	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day PRONOUNCED DEAD	Year Hour
4 HC	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	June 12	1968 12:08
0	TENTIFICATE AMENUEU	5. USUAL RESIDENCE (Where deceased lived. If institution: re	esidence before odmissio
99	St. Agnes Hospital D.O.A.	Maryland Baltim	
6.	SEX 7. RACE B. MARRIED X NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?
	Female White WIDOWED DIVORCED	Balto. YES	X NO 🗆
9.	DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs Nonths, Days, Hours, Min.	E. STREET AND NUMBER	15 111
	1/7/22 46	417 Drury Lane	28-04
11	BIRTHPLACE(State or fareign cauntry) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
		Mr. Moran	
14	.USUAL OCCUPATION (Give kind of wark 14B. KIND OF BUSINESS OR INDUSTR e during mast of warking life, even if retired)	Y 15. MOTHER'S MAIDEN NAME	
	school teacher		
16.	WAS DECEASED EVER IN U.S. ARMED FORCES? s, na ar unknawn)((if yes, give war ar dates af service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADD	RESS
	no 153-32-7484	Dr. Harry Wasserman, 417 Dru	ury Lane 2
	DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AN
		CAUSE Carbon Monoxide Poisoning	
		AS A CONSEQUENCE OF:	
	injury ar complication which caused de ath.)		
	ANTECEDENT CAUSES (B)		
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	R AS A CONSEQUENCE OF:	
-	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)(C)		
O	F923./ II		
CATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
1 1	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
ERT	20 A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 2	21. AUTOPSY? (Yes or
0	Q		YES: N
	22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.	., in or obaut 22C. WHERE DID (If in Baltimare City, give exact lice bldg., etc.) INJURY OCCUR?	lacatian)
ğ			100
Σ	22D. TIME (Manth) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	(APPROV)	While sitting in car	r in carace
	11:45p.m.		
		and that an this basis, death in my ap	oinion
	resulted frame Natural causes Accident Suici	ide Hamicide Undetermined mannar	X
		CHIEF MEDICAL EXAMINER	DATE SIGN
	2 17 11/		
	ACTUAL DUM TWISE	ASSISTANT MEDICAL EXAMINER	DAIL SIOIN
	SIGNATURE STOPPED M. EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
	SIGNATURE EXAMINER'S NAME (Type) Edward F. Wilson, M.D.	ASSOCIATE MEDICAL EXAMINER June J	12, 1968
	SIGNATURE EXAMINER'S	ASSOCIATE MEDICAL EXAMINER June J	12, 1968
	ACTUAL TIMES A TIMES	XX	DAIL SIOIT

Witzke Funeral Director, Baltimore, Md. 29

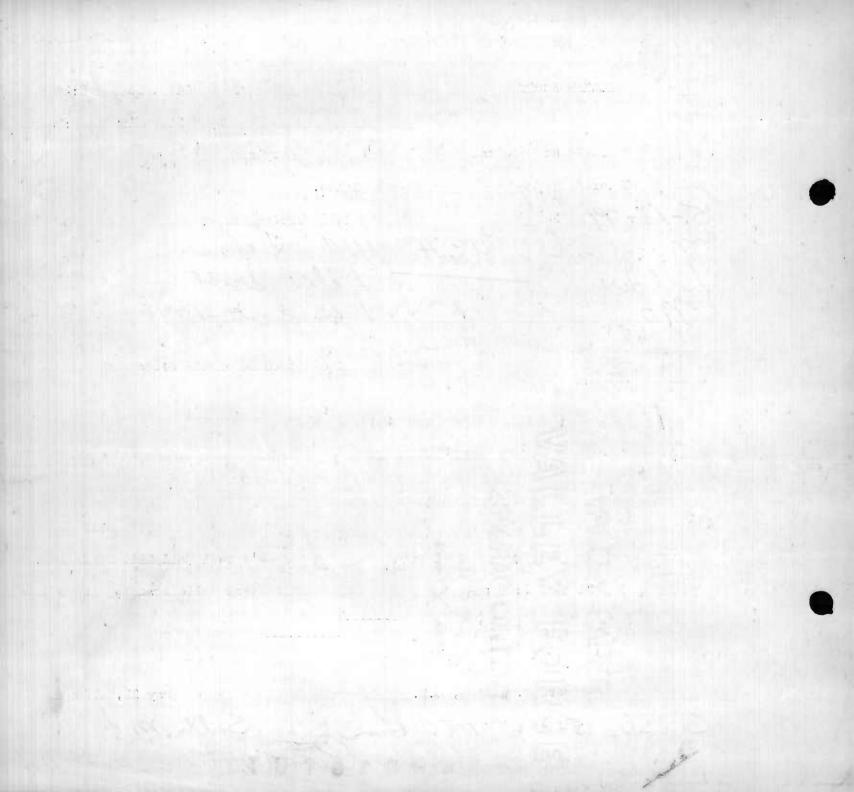
Letter from M. E. in office and

5-300

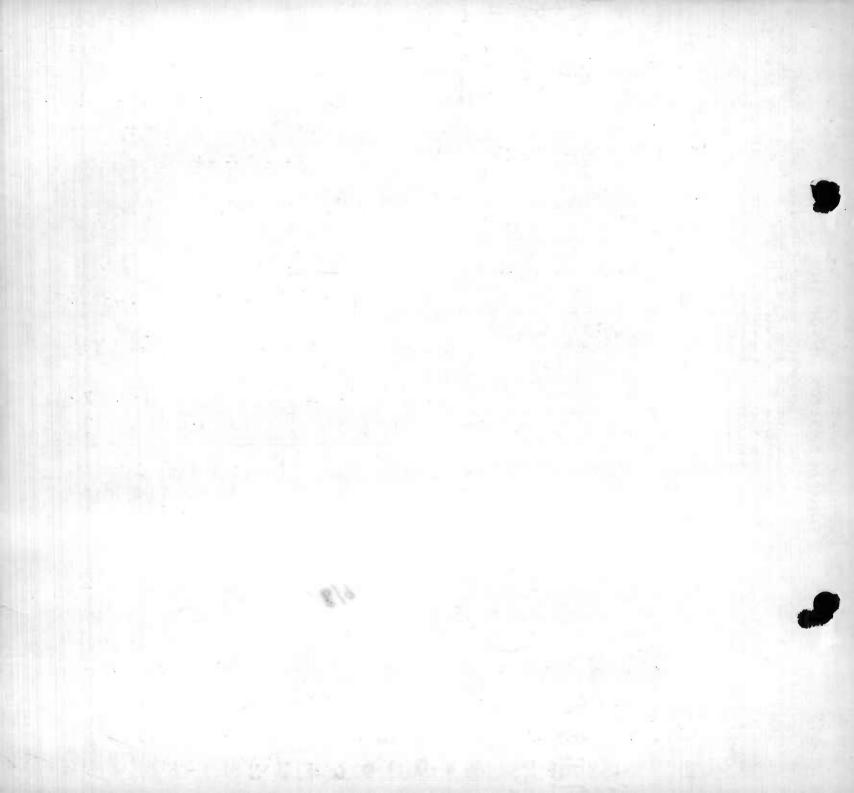
68- 6133 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. INAMA OF DECEASED WILLIAM SCOTT FLACE IN BAILHORSE, MARYLAND, WHERE PRONOUNCED DEAD PROPOSITION PROPOSITION PROVIDENCE OF ADDRESS OR LOCATION) OF NOTH IN DEPTH OF STREET ADDRESS OR LOCATION) Provident Hospital S. SEX P. RACE S. MARRED MARYLAND, MYSER MARRIED Provident Hospital S. MARRED NO DECEASED Colored WILLIAM COLORED Maryland O. INSIE CITY MINISTY Mar		MEDICAL EXAMINEDIS					
In Mark of Pecchase This provides This p	BIR		LEKTIFICATE OF DEATH REG. NO.				
A PLACE IN BALITAM SCOTT DEATH PROVINCED DEAD (IN DO IN HOSPITAL ON INSTITUTION, GIVE STREET ADDRESS OF COADON RICH DAMAGE OF (IN DO IN HOSPITAL ON INSTITUTION, GIVE STREET ADDRESS OF COADON RICH DAMAGE OF (IN DO IN HOSPITAL ON INSTITUTION, GIVE STREET ADDRESS OF COADON RICH DAMAGE OF Provident Hospital C. C. CIV OR TOWN A STATE Mary 21 B. COUNTY A. STATE Mary 21 B. COUNTY B. COUNTY B. COUNTY C. C. CIV OR TOWN MAIL PROVIDENCE OF B. L. C. C. C. CIV OR TOWN MAIL PROVIDENCE OF B. L. C. C. C. CIV OR TOWN MAIL PROVIDENCE OF B. L. C. C. C. CIV OR TOWN MAIL PROVIDENCE OF B. L. C. C. C. CIV OR TOWN MAIL PROVIDENCE OF MAY 12 B. COUNTY C. C. CIV OR TOWN MAIL PROVIDENCE OF B. L. C. C. C. CIV OR TOWN MAIL PROVIDENCE OF MAIL PROVIDENCE OF B. L. C. C. C. CIV OR TOWN MAIL PROVIDENCE OF B. L. C. C. C. CIV OR TOWN MAIL PROVIDENCE OF B. L. C. C. C. CIV OR TOWN MAIL PROVIDENCE OF B. L. C. C. C. CIV OR TOWN MAIL PROVIDENCE OF B. L. C. C. C. CIV OR TOWN MAIL PROVIDENCE OR WISH DECRASS OR TOWN MAIL PROVIDENCE OR	1.	NAME OF DECEASED					
4. PLACE IN BAILHORE, MARYLAND, WHERE PRONOUNCED DEAD PRONOUNCED DEAD ADDRESS OR LOCATION, OVE STREET ADDRESS OR LOCATION, OVER STREET ADDRESS OR L	(IA)						
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Provident Hospital Maryland Dinside Colored Middle Divorced Divorced Balto Divorced Divorc	OR		5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
Male Colored Widowell Divorced Divorced Bloomer State State Annual Colored Widowell Divorced	-0,0	Provident Hospital					
Maile Colored Wildows Divorced	6. 5						
P. DATE OF BIRTH 10.AGE (in year) 10.AGE (in year) 10. Minst. Days 10. Mins	1		Polto VES D NO D				
13. BRTHRACE (State or toking a country) 12. CHIZEN OF 13. FATHER'S, NAME 14. CECUPATION (Overlind dwall life. KIND OF BUSINESS OR INDUSTRY) 15. MOTHER'S, MAIDEN NAME 16. INFORMANT 16. INFORMA	_	DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.					
11. BIRTHE ACE (Scale or Defenion county) 12. CITIZEN OF MATE COUNTY? 13. FATHER'S, NAME 14. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S, MAIDEN NAME 15. MOTHER	4	10 24	1// 9 Dannich Charact				
IA LISUAL OCCUPATION (Greekind of worl) 48. KIND OF BUSINESS OR INDUSTRY 5. MOTHER'S, MAIDEN NAME does pluring moyed welfing like, even if reliked	11.						
CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF CONDITION LIST. CAUSE OF CONDITION LIST. CAUSE OF DEATH CAUSE OF CONDITION LIST. CAUSE OF CONDITION LIST. CAUSE OF CAUSE OF CONDITION LIST. CAUSE OF CONDITION LIST. CAUSE OF CAUSE OF CONDITION LIST. CAUSE OF C		WHAT COUNTRY?	111 M Jahman				
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DISEASES OR CONDITIONS IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DIFFE SCANFICANT CONDITIONS CONTRIBUTING TO THE CONDITION OF RELATED TO THE TERMINAL DISEASE OR CONDITION OF RELATED TO THE TERMINAL DISEASE OR CONDITION OF RELATED TO THE TERMINAL DISEASE OR CONDITION OF RELATED TO THE CONDITION OF RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO THE CONDITION OF RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO THE CONTRIBUT							
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TOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TOTHE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF INPURITY PART 1 (A). 22A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 22A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 22A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 22A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 22A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 22A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 22B. PLACE OF INJURY(e.g., in or obout 22C. WHERE DID (If in Bolltimore City, give exact location) YES VES 1NJURY OCCUR? 22A. BATE (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED NOT WHILE 22B. THAT OCCURRED N		KISE TO THE ABOVE CAUSE (A) STATING THE					
22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB- DOOL Hall Robinson's Pool Hall 2111 Penna Ave. 22F. HOW DID INJURY OCCUR? 22F. H	Z	(c)					
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22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB- DOOL Hall Robinson's Pool Hall 2111 Penna Ave. 22F. HOW DID INJURY OCCUR? 22F. H	5	TO THE DEATH BUT NOT RELATED TO THE TERMINAL					
22A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB- UNDERLYING FOR CONTRIBLE UNDERLYING FOR CONTRIBLE UNDERLYING FOR CONTRIBLE UNDERLYING FOR CONTRIBLE UN	R =		AS PERFORMED 21. AUTOPSY? (Yes or Ng)				
222. EXTERNAL CAUSE WAS UNDERLYING CONTRIB. POOL Hall POOL Hall Robinson's Pool Hall 2111 Penna Ave. 22F. HOW DID INJURY OCCUR? WHILE AT WORK Subject while standing in pool hal 23. I certify that I held on Inquiry Inspection Autorsy and that on this basis, death in my apinion resulted from Natural causes Accident Suicide Homicide Undetermined manner Clty, give exact location) WHILE AT WORK Subject while standing in pool hal CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL	ü	2	TYPO				
UTING CAUSE OF DEATH. POOL Hall Robinson's Pool Hall 2111 Penna Ave. 22D. TIME (Manth) (Day) (Year) (Haur) 22E.INJURY OCCURRED WHILE AT WORK Subject while standing in pool hal 1 certify that I held on Inquiry Inspection Autopsy and that on this basis, death in my apinion resulted from latural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINE	K		in ar about 22C. WHERE DID (If in Baltimare City, give exact location)				
22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED WHILE AT WORK Subject while standing in pool hale of the proof of INJURY (APPROX.) 5 21 68 7:00m gwork Subject while standing in pool hale subject while standing in pool hale of Inquiry Inspection Autopsy of and that on this basis, death in my apinion resulted from Natural causes Accident Suicide Memicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL	음	OTTO CONTINUE					
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Certify that I held on Inquiry Inspection Autapsy and that on this basis, death in my apinion		WHILE CONVENIENCE OF THE CONVENI					
resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE SIGNED SIGNATURE SIGNED ASSISTANT MEDICAL EXAMINER SIGNED ASSOCIATE MEDICAL EXAMINER May 22, 1968 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify) 5-25-67 May 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS UN 13 1968 Research Registrar 25C. FUNERAL DIRECTOR ADDRESS LIN 13 1968 Research Registrar 25C. FUNERAL DIRECTOR ADDRESS LIN 13 1968 Research Registrar 25C. FUNERAL DIRECTOR ADDRESS LIN 13 1968 Research Registrar 25C. FUNERAL DIRECTOR ADDRESS LIN 13 1968 Research Registrar 25C. FUNERAL DIRECTOR ADDRESS LIN 13 1968 Research Registrar 25C. FUNERAL DIRECTOR ADDRESS LIN 13 1968 Research Registrar 25C. FUNERAL DIRECTOR ADDRESS LIN 13 1968 Research Registrar Registrar	100	J 21 00 7:00m awork L AIW	Subject while standing in pool had				
CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER MAY 22, 1968 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS UN 13 1968 Research Associate Medical Examiner Associ		I certify that I held on Inquiry Inspection Au	tapsy 🛚 and that on this basis, deoth in my apinion				
ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE A	1	resulted from Natural causes Accident Suicid	de Homicide Undetermined manner				
ASSISTANT MEDICAL EXAMINER EXAMINER EXAMINER'S NAME (Type) Edward F. Wilson, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ASSISTANT MEDICAL EXAMINER EXECUTION (City, town, or county) (State) 31968 Registrar 25C. FUNERAL DIRECTOR ADDRESS	CHIEF MEDICAL EXAMINER						
EXAMINER'S NAME (Type) Edward F. Wilson, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, Town, or county) (State) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS UN 13 1968 Research 25C. FUNERAL DIRECTOR ADDRESS			ASSISTANT MEDICAL EXAMINED XX				
NAME (Type) Edward F. Wilson, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, Town, or county) (State) 30LL. M. D. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS UN 13 1968 Research Edward Company (State)							
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, tawn, ar caunty) (State) 34D. LOCATION (City, tawn, ar caunty) (State)							
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS UN 13 1968 Reseate Establish Turnell S. Oder _ Balto. Mrd.							
JUN 13 1968 Relieb Establish of Lynnes S. Oder - Balto. Mrd.	IKE		or CREMATORY 24D. LOCATION (City, tawn, ar caunty) (State)				
JUN 13 1968 Relieb Establish o Lignes S. Oder - Balto. Mrd.	1		or CREMATORY 24D. LOCATION (City, tawn, ar caunty) (State)				
	25	Service 5-25-67 mt aubu	m Balto md				
	25.	Service 5-25-67 Int Cuba. A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	m Balto md				

N862.1



VS 150-REV. 1/1/68



BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

APPROXIMATE INTERVAL

ADDRESS

If Under 24 Hrs.

VS 150-REV. 1/1/68

IMPORTANT

DIRECTOR:

FUNERAL

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		MED	ICAL	EXAMINER'S	ERTIFIC	CATE OF	DEATI	H REG NO.	00-	6136	
BIRTH NO.								REG. NO.			
I. NAME OF DEC	EASED		R	IOLPR	2. DATE	Known 🗌	Month	Doy	Yeor	Hour	
MARY	C	•		ROLTH	OF DEATH	EstimotedXX	June	8,	1968	8:30 A.	М.
4. PLACE IN BAL				ONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
TE EMEGE	'I Capac	S O LOCA	REVE	PHORP	PRONOU	NCED DEAD	June	8,	1968	6:35 P.	M
OR INSTITUTION TO	1011		ALVA	7/9/68		SIDENCE (Where			: residence b		7441
7 2624 8	St. Pau	1 St.	- Apt		A. STATE Mar	vland		B. COUNTY	12	- 106	
6. SEX	7. RACE			IED NEVER MARRIED				D. INSIDE CI	TY LIMITS?	40	-
female	wh	ite	WIDOW			timore		.,,	. 🖼		
9. DATE OF BIRTH		10. AGE (In		If Under 1 Yr. If Under 24 Hrs.		ND NUMBER		YE	s X	40 L	_
		lost birthdoy)	Months Doys Hours Min.							
12-8-188		9x1x		LO CITITEN OF	262	4 St. Pau	1 St.	Apt. D	3		
11. BIRTHPLACE (S	tote or toreig	n country)		12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S	NAME					
Chester	town, l	Md.		USA	Sami	iel T.Ro	lph_				
done during most of w			48. KIND	OF BUSINESS OR INDUSTRY	15. MOTHER	'S MAIDEN NA	WE				
Proof-R					Eli	zabeth P	arker				
6. WAS DECEASI Yes, no or unknown)	ED EVER IN	U.S. ARMED	FORCES	17. SOCIAL SECURITY NO.	18. INFORM	zabeth P		AI	DRESS		
NO	(II yes, give w	or or doles o	or service,	216-10-4307	Robin	a Radelif	fe=541	5 Mont	hel Ax	renue # 7	7
19	>7 V		-	CAUSE OF DEA				2,10110	API	ROXIMATE INTERVA	
280		TION DIDE							REIW	EEN ONSET AND DE	AIH
	E OR CONDI		LILY			c Cardiov	ascula	r Disea	se		
(This does no	ot meon the	mode of dyi	ng, e.g.,	(A) IMMEDIATE C	S A CONSEQU	IENCE OF:					
	, osthenlo, etc. aplication which										
			,								
	NTECEDENT			(8)	AC A CONISCO	UENCE OF				~~~~~	
RISE TO THE	OR CONDITION	JSE (A) STAT	ING THE	DUE TO, OR	AS A CONSEQ	UENCE OF:					
Z UNDERLYIN	G CONDITI	ON LAST.		(c)							
OTHER SIGN TO THE DEAD DISEASE OR 20A. DATE OF	21	II					_				_
OTHER SIGN	IFICANT CON			ING	6 1	. C					
DISEASE OR	CONDITION	GIVEN IN PA	RT 1 (A)	INAL Fractu	re or 1	eft femur					
20A. DATE OF	OPERATION	1 208. CON	IDITION	FOR WHICH OPERATION WA	S PERFORM	ED			21. AUTO	PSY? (Yes or No)	,
ਹ										No	
ZZA. EXTER	NAL CAUSE	WAS		228. PLACE OF INJURY (e.g.,	in or obout 22	C. WHERE DID	(If in Boltimore	e City, give exo	ct locotion)	NO	7
UNDERLYING	OR CON	TRIB-		home, form, foctory, street, office home	e bldg., etc.) IN					12-00	0
¥ UTING CA	(Month)	IH. (Year) (Hour) 22E.INJURY OCCURRED	- 22	2624 St.	Paul	St A	pt. D	3	_
OF INJURY					To the same of			· · · · · · · · · · · · · · · · · · ·			
	6/8/68	UI UI	NK .	m. WORK AT W	ORK X	subj.	tell				
23.	المسلمينة	ald an In	Г	Inspection X Au		and that an it	hi- basis	ما معدل المعدد	!-!		
									\neg		
result	red from N	atural cous	ses 🔲	Accident Suicid				red manner L			
ACTUAL	11/1/	00 0	1	7 5	C	HIEF MEDICAL E	XAMINER			DATE SIGNED	
SIGNATU	JRE LUE	sul	V	A MID	ASSIS	TANT MEDICAL	XAMINER	K			
EXAMINI		rner U	Spi	tz, M.D.	ASSO	CIATE MEDICAL E	XAMINER			6/9/68	
NAME (T	ype)			7 3							
24A. BURIAL CREA REMOVAL (Specif		48. DATE		24C. AME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, town	, or county)	(Stote)	
Burial		6-13-6	68	Chester Cem	eterv	Ch	esterto	own, Ma	ryland	1	
25 A. DATE REC'D			_	AME OF REGISTRAR		UNERAL DIRECTO			DDRESS		

Ellsworth Armacost-4600 Liberty Hghts. Av

VS 151-REV. 1/1/68

CHILLICATE AMENDED

v Total 13 and 15 and 1

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V. and the second rate

21	00- 5137	MORE CITY HEALTH DEPARTMENT REG. NO	68- 6137			
	RIH NO.	TIFICATE OF DEATH				
	NAME OF DECEASED William Phillip	Burton 2. Date and Hour of Death June 9, 1968	3 P N			
FU	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD JUL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE SOSPITAL OR ADDRESS OR LOCATION) US Public Health Service Hospital 3100 Wyman Pk. Drive	STREET Md. Balta	stitution: residence before odmission DE CITY LIMITS? YES NO			
		ARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdow)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min,			
dor	A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS Of the during most of working life, even if retired) Retired FATHER'S NAME		USA			
	William Burton	Manche Dougherty				
	Wos Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of service) Yes CG 1929=1955		n Ridge Rd			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, e.g.,	CARCINOMATOSIS MEDIATE CAUSE E TO, OR AS A CONSEQUENCE OF:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Weeks			
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B)	CARCINOMA OF RIGHT LUNG	Months			
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)		***************************************			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Emphysema	years			
ERTIFIC	198. CONDITION FOR WHICH OPERA WAS PERFORMED	yes	FINDINGS CONSIDERED USES OF DEATH?			
ICAL C	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) home, form, factor	IJURY (e.g., in or obout 21 C. WHERE DID y, street, office bldg., INJURY OCCUR?	e City, give exact location)			
MEDI	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCC (While At Work	Not While At Work 21F. HOW DID INJURY OCCUR?				
	22. I certify that (I) (this haspital) attended the deceased from May 21 19 68 to June 9 19 68, that (I) (we) last saw the deceased alive an June 9 19 68 and that in (m) (supposition death accurred on the date and have and from the causes stated above. (I) (We) (did) (did) (did) (sign) view the body after death.					
	William & Willie	Attending Med. Staff Phys. 23D. ADDRESS	6/10/68			
24	NAME (Type) Wm. L. Wilkie, Surgeon (R)	US PHS Hospital, Balt				
E	REMOVAL (Specify) Burial 6-13-68 Baltimor A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTARY	e National Cemetery Baltimore				
E 25.	JUN 13 1968 R. C. W & TO	Kilsworth Armacost-460	0 Liberty Hghts			

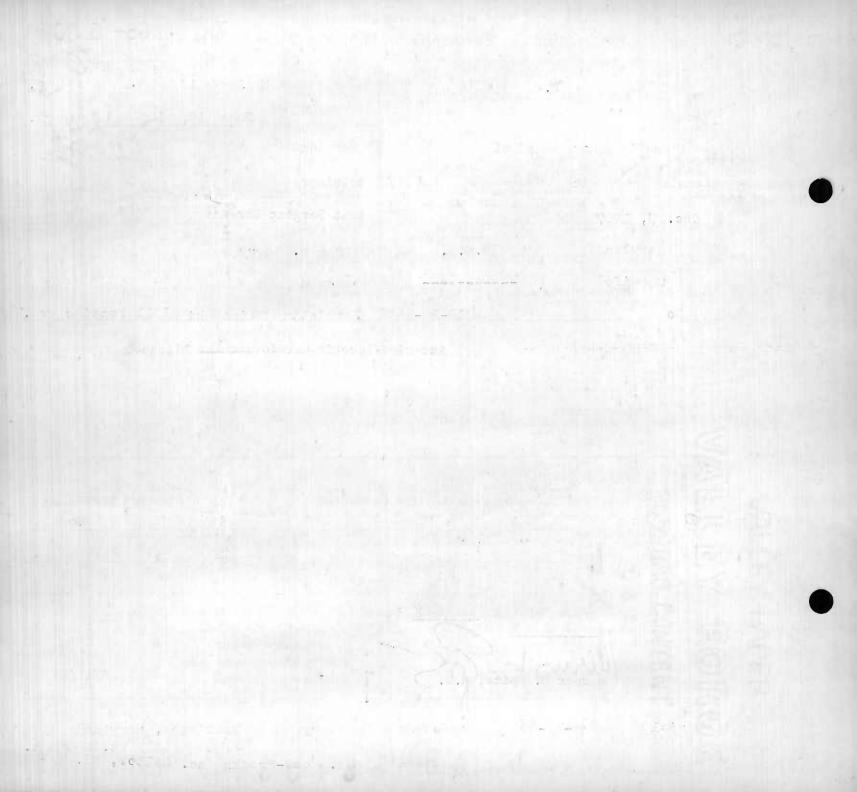
F-520

68- 6138 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXA	MINER'S CE	RTIFICATE	OF	DEATH	REG. NO.
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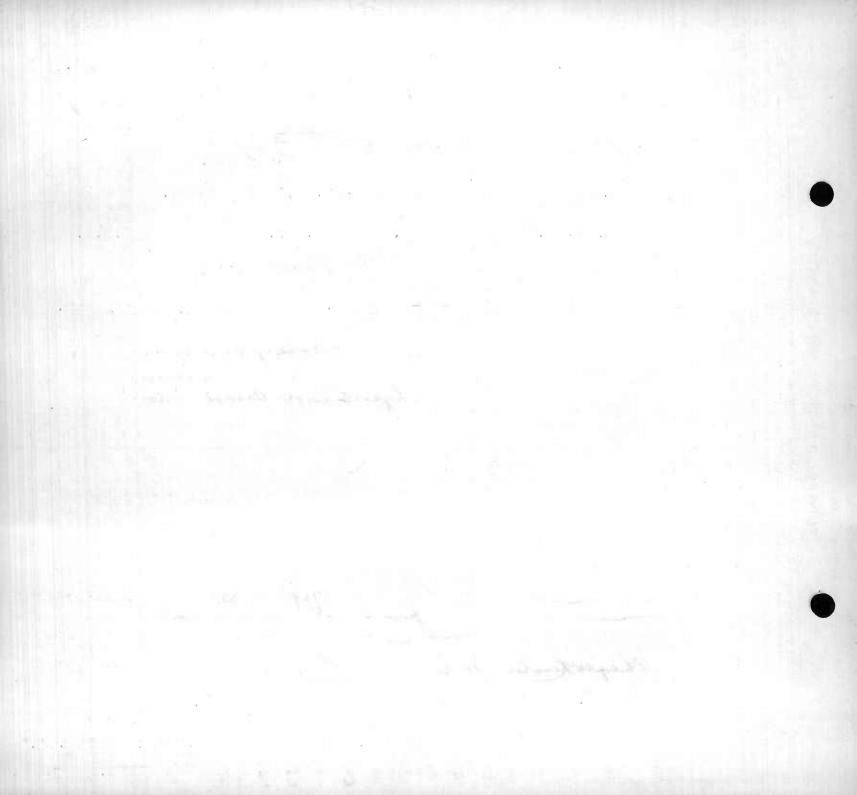
68- 6138

BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Known Month Doy Year Hour
(Type or Print) MARGARET A. FINK	OF DEATH Estimoted Dune 10, 1968 3:00 Pm.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	June 10, 1968 3:00 P _M
2/-	S. USUAL RESIDENCE (Where deceosed lived, If Institution: residence before odmission) A. STATE B. COUNTY
Franklin Square Hospital	A. STATE Maryland B. COUNTY 2/-02
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
female white WIDOWED DIVORCED X	Baltimore YES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs.	E. STREET AND NUMBER
lost birthdoy) Months Doys Hours Min.	1260 Canant Church
Dec. 7, 1907 60 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	1268 Sargent Street
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Maryland U.S.A. 14A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY	George W. Perry
14A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME
Housewife	unknown
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	77 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
No 219-20-5496	
The CAUSE OF DEA	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arterios	clerotic Cardiovascular Disease
LEADING TO DEATH (A)IMMEDIATE C	CAUSE
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ALITECT PAIR CALLERS	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	AN A WOTT SERVICE OT .
Z UNDERLYING CONDITION LAST. (C)	
THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
ō	No
22A. EXTERNAL CAUSE WAS 228.PLACE OF INJURY(e.g.,	in or obout 22C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB-	e bldg., etc.) INJURY OCCUR?
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	
OF INTURY	22F. HOW DID INJURY OCCUR?
	WHILE OOK
23.	
I certify that I held an Inquiry Inspection X Au	tapsy and that an this basis, death In my apinian
resulted from: Natural causes X Accident D Suicid	de Hamicide Undetermined manner
(-t-	CHIEF MEDICAL EXAMINER
ACTUAL MALE ACTUAL	ASSISTANT MEDICAL EXAMINER XX
SIGNATURE M.D.	6/11/69
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER () 0/11/00
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	Last to the state of the state
Burial 6-13-68 Loudon Park	Cemetery Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR 12ADDRESS Paul St.
UIN 1 3 1069 DO R. Q. T. D. W.	
MINDSPARA AND THE VIEW OUT E. A. WILLIE	Le a 1 Dolto Md 21212
VS 151-REV. 1/1/68	Wm. Cook-Brooks Inc. Balto., Md. 21202

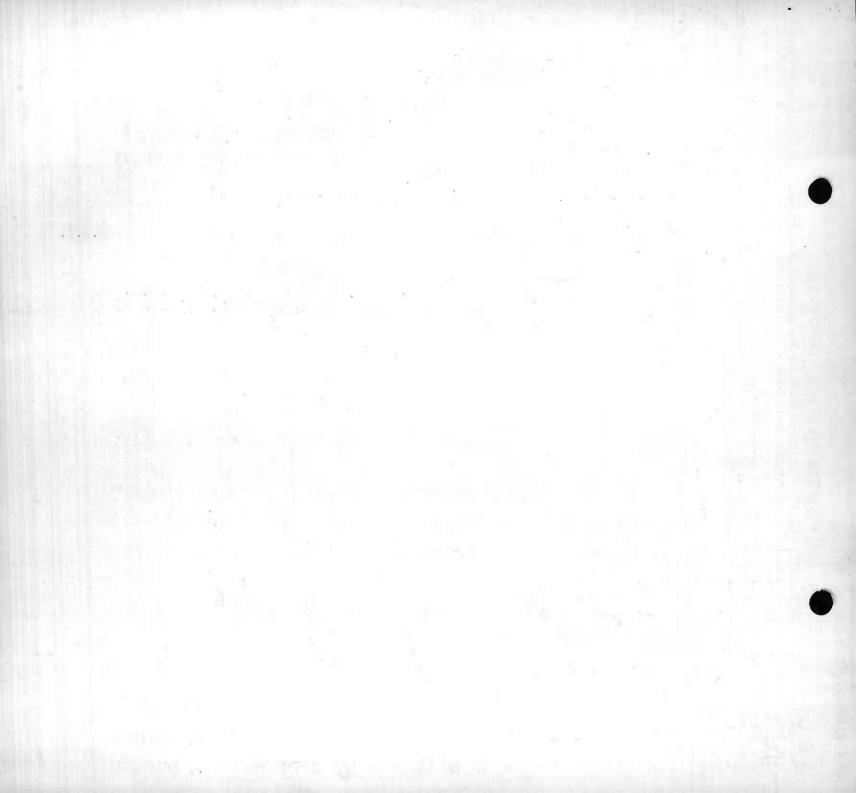


deceased shows: Was

REG. NO. 68- 6139 8.30 P M. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission D. INSIDE CITY LIMITS? YES X NO If Under 24 Hrs. If Under 1 Yr. Months Dovs Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS 218-07-2004 Mrs. Eulah Tudor 4139 Audrey Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (que) apinlan death accurred an the date 23B, DATE SIGNED (City, town, or county) Ritchie Highway KRAUSE, FUNERAL HOME 1216S. Charles St. 1968 V\$ 150-REV. 1/1/68



5-536 68-6	140 CERTIFICA	TE OF DEATH REG. NO.	68- 6140					
BIRTH NO. 1. NAME OF DECEASED	CERTITICA	2. DATE AND HOUR OF DEATH						
(Type or Print) SEDONIA COHN SM	JFT DFR	JUNE 11, 1968	8-Am					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI		4. USUAL RESIDENCE (Where deceosed lived, If in B, COUNTY	stitution: residence before odmission)					
FULL NAME OF (IF NOT IN HOSPITAL OR I HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAND /	5-11					
HOSPITAL OR ADDRESS OR LOCATION)			IDE CITY LIMITS?					
BELVEDERE NURSING HOME		BALTIMORE E. STREET AND NUMBER	YES NO 🗌					
12525 W. BELVEDERE AVENUE			21 215					
5. SEX 6. RACE 7. MAE	RRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.					
	WEDXX DIVORCED	12-16-1894 lost birthdoy)	Months Doys Haurs Min.					
10A. USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?					
	AT HOME	BALTIMORE, MARYLAND	U.S.A.					
13. FATHER'S NAME	() HOME	14. MOTHER'S MAIDEN NAME	U.S.N.					
ISADORE COHN		HENRIETTA DRYER						
15. Was Deceased Ever in U. S. Armed Farces? [Yes, no ar unknown) [If yes, give wor or dotes of ser	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS					
NO		MR. LEONARD SNEIDER, WOODLA LUTHERVILLE, MARYLA	ND 21093					
18. 162,1	CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY		1. 10	1					
(This daes nat mean the made of dying,	e.q., (A)IMMEDIATE CAU	A CONSEQUENCE OF:	malow 1 year					
heart failure, astheria, etc. It means the dis injury at camplication which caused death.)		A CONSEQUENCE OF						
ANTECEDENT CAUSES		O. A. Ju	1000					
DISEASES OR CONDITIONS, if any,	giving (B)	A CONSEQUENCE OF:						
rise to the above cause (A) stating UNDERLYING CONDITION last.	(C)	γ						
- 163 X II	(~/							
4		made alla Dero	2 40					
DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE	FINDINGS CONSIDERED					
WAS PERFORMED		IN CERTIFYING CA	USES OF DEATH?					
U 21A. ACCIDENT WAS UNDERLYING	218, PLACE OF INJURY (e.g., i	n ar obout 21 C. WHERE DID (If In Baltima)	re City, give exact lacation)					
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, form, factory, street, af	nice biag., INJURT OCCUR?						
21D, TIME (Manth) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
OF INJURY (APPROX.)	While At Not While Work At Wark		A					
22. I certify that (I) (this hospital) attended the deceased from 1960 to 1960.								
	that (1) (we) lost saw the deceased alive on							
and have and from the causes stated abo	ve. (1) (We) did) (did not) v	Tew the bady ofter death.						
23A. SIGNATURE	· · · · · · · · · · · · · · · · · · ·		238. DATE SIGNED					
Juny 2	nding Med. Staff Phys.	June 1196 V						
23C. PHYSICIAN'S NAME (Type	GEGREE THY	23D. ADDRESS						
(105 eph 13	GNOSS DEGREE	6901 Vach Her	Jus Lo					
24A. BURIAL CREMATION, 24B. DATE 2 REMOVAL (Specify)	4C. NAME of CEMETERY OF CRE	MATORY 24D, LOCATION (C	it, town, or county) (Stote)					
BURIAL 6-12-68	HEBREW FRIENDSHI							
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS					
VS 150-REV. 1/1/6B	of the Bronding	SQL LEVINSON & BROS., 607	IN KETZIEKZIOWN KOAL					

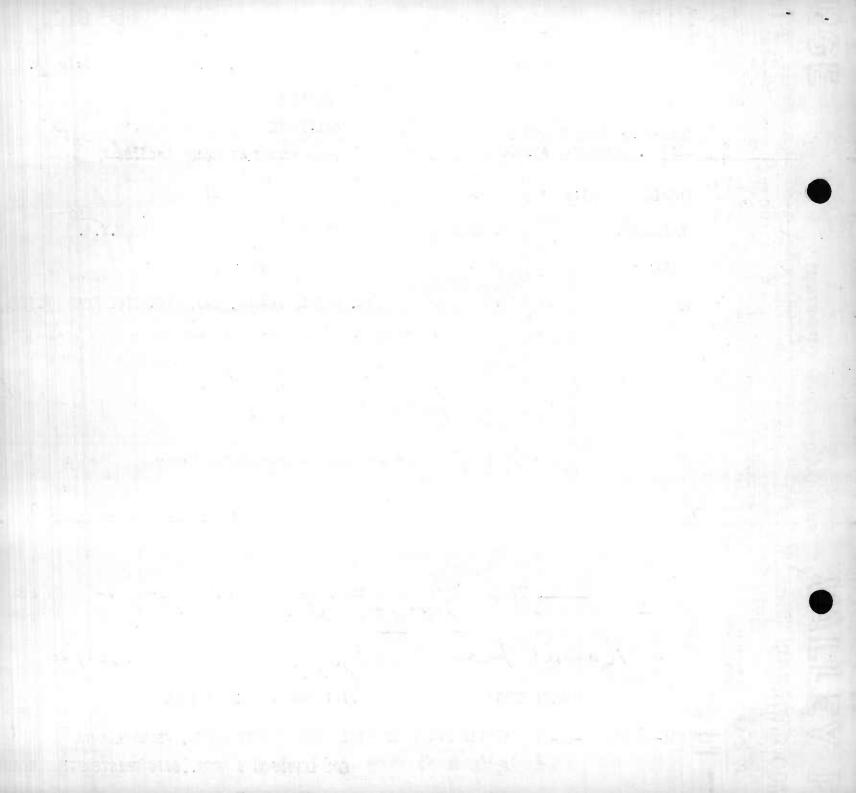


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VS 150-REV. 1/1/68



BACKLE MANAGER STATE BALL BAT LIVE TABLUMA + LUES BAH MUZE MOTHER STAR BENYON AVE. 9-07-00 67 MAIS CARRISON MARTERNE CIECUAL WORKER AREACHD Children and Info WINDCLESSIAV JURISON Mr. Martin S McLaghter Bittonic III Commencentral Windows - remainder of the ALONE. True II, ES William H. James Strong Mr. Love Hill

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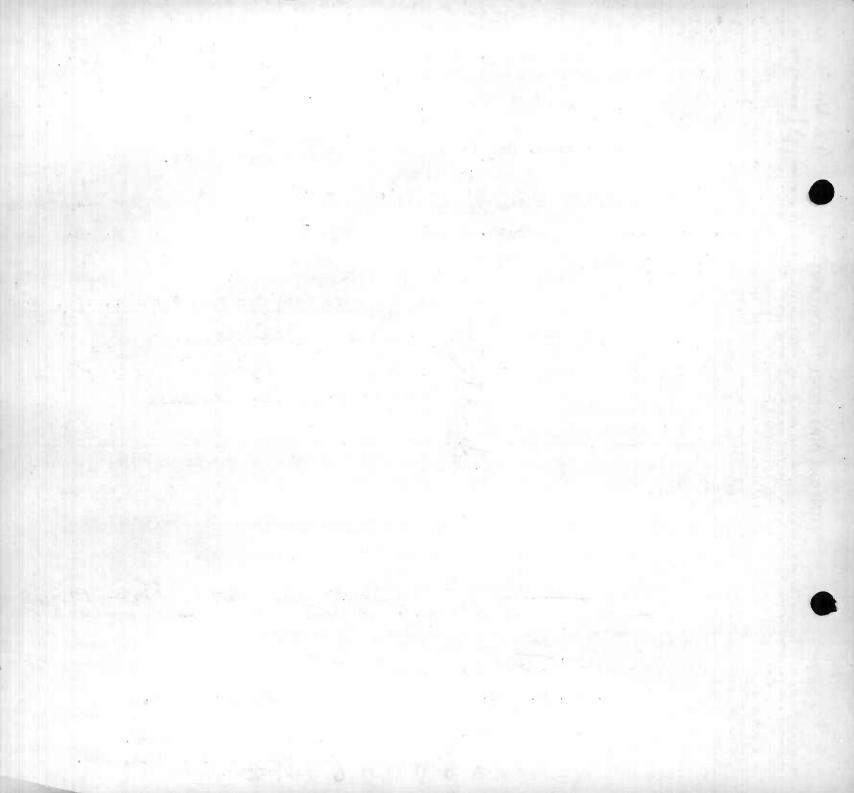
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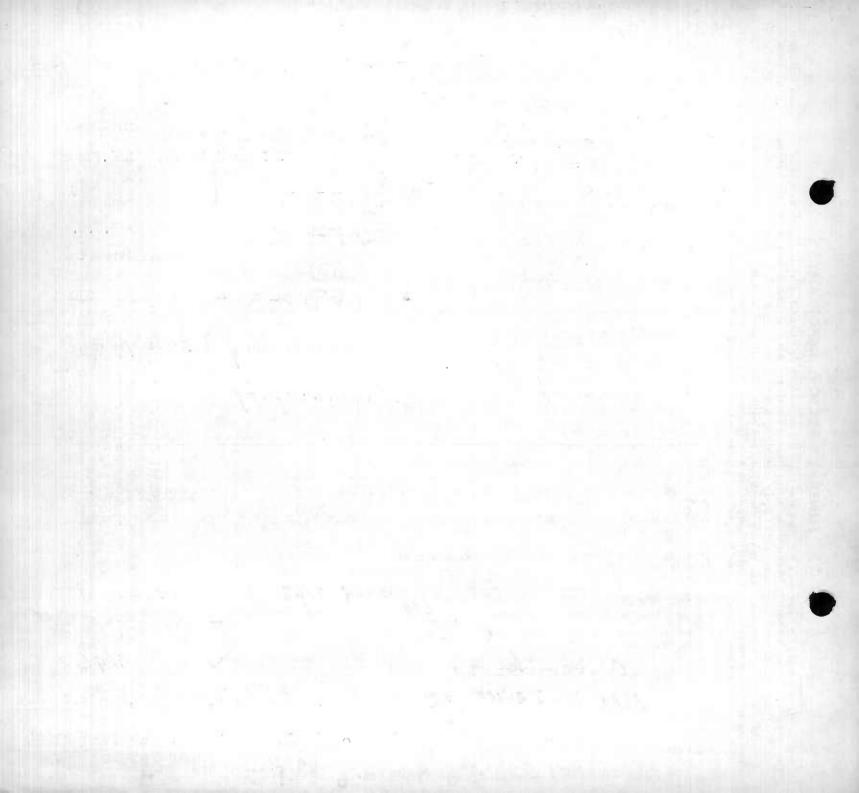
1968

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	00	BALTIMORE CITY	HEALTH DEPARTMEN	٧T	00-0144
	00-	6144 CERTIFICA	TE OF DEAT	H REG. NO	00 0144
BIRTH NO.		CERTIFICA			
1. NAME OF DECEASED	NT CHOLAS	S S. BUCKNER	2. DA	TE AND HOUR OF DEATH	
trype or tilling	NI CHOLA	3. BUCKIYER	Jı	une 10, 1968	10 a. M
3. PLACE IN BALTIMORE,	MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived. If ins	titution; residence before admission)
			Md. 21	COUNTY 7	00
FULL NAME OF (IF N	OT IN HOSPITAL OF	INSTITUTION, GIVE STREET		06	,-03
INSTITUTION	ALSS ON LOCATION		C. CITY OR TOWN		DE CITY LIMITS?
142/			Baltim	ore	YES X NO
Union A	Memorial H	Jasni tal	E. STREET AND NUMI	BER	
Onton	lemortar i	ospital	3467 M	ayfield Ave.	
5. SEX 6. RACE	7. AA	ARRIED X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
			6/3/93	lost birthday)	Months Doys Hours Min.
	12 00	OOWED DIVORCED		75	
done during most of working life		IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
Machinist		eth. Steel	Romania		U.S.A.
13. FATHER'S NAME	De	eth. Steer	14. MOTHER'S MAIDE	N N A M F	U.S.A.
unknow	1		unknow	n	
15. Wos Deceosed Ever in U	. S. Armed Forces?	SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, g	ive wor or dotes of s	. 2		0 1 1 5	
110	the second	213507-4293		Cochran) But	kner, wife, above
18.////		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CO	ONDITION DIRECTL	大学である	nahy De	0/22/on	SET WEEK GROEF AND SEATH
LEADING	TO DEATH	TANAMEDIATE CAL	ICE	10000	
(This does not meon			A CONSEQUENCE OF:		
heart foilure, asthenia,		IIS CUS COMMENTS	9/220149	rotic	
		THE OWNER		1 .	
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DISEASES OR CON					
rise to the obove					
UNDERLYING CONDI	IION lost.	= 2 (0)			
- 420.1	II	77			
O THER SIGNIFICANT CO TO THE DEATH BUT NO V DISEASE OR CONDITION					
TO THE DEATH BUT NO					
19A. DATE OF OPERATION		N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes	or No.) 208, IF YES, WERE FO	NDINGS CONSIDERED SES OF DEATH?
	JNDERLYING	21B, PLACE OF INJURY (e.g.,	in or about 21C. WHERE D	OID (If in Baltimore	City, give exact lacation)
OR CONTRIBUTING	CAUSE OF	home, form, foctory, street, o			
DEATH (notify medical	examinen	GIG17			

21 D. TIME OF INJURY (Month) (Day) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) Work At Works 22. I certify that (1) (this hospital) attended the deceased from. that (1) (we) lost sow the deceased alive on ond that in (my) (opinion death occurred on the and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23 B. DATE SIGNED Attending Staff Phys Med. Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 4230 Loch Raven Blvd. Wm e Fusting H. 24C. NAME OF CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24D. LOCATION (City, town, or county) Burial 6/12/68 Moreland Memorial Park Baltimore, Md. Funeral Home, Inc. Schimunek 3331 Bre HEALTH DEPT. 258. NAME OF REGISTRAR





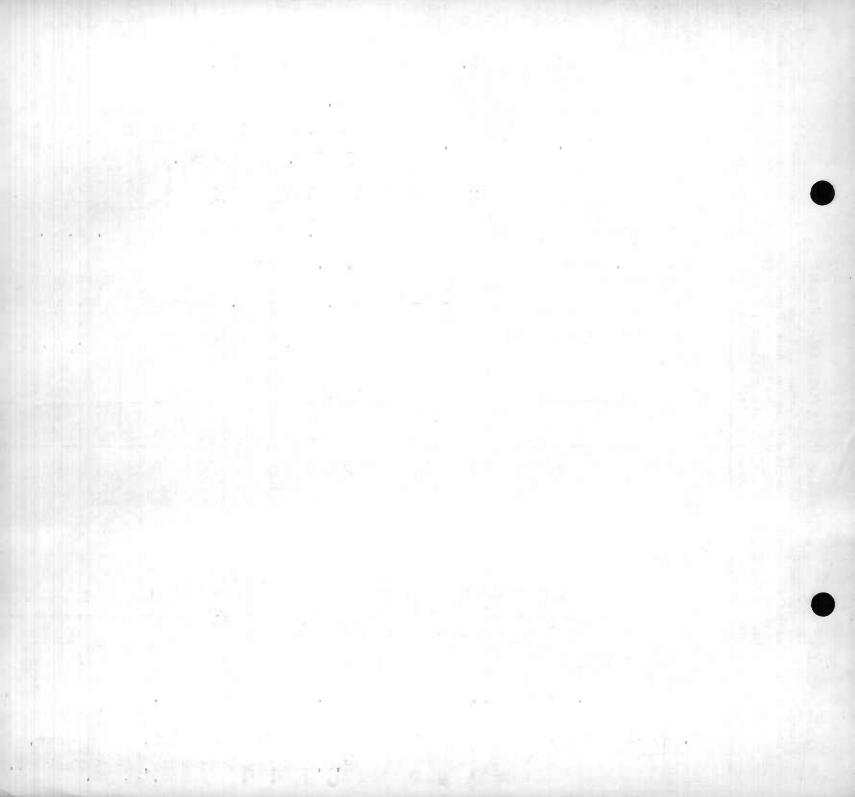
BALTIMORE CITY HEALTH DEPARTMENT

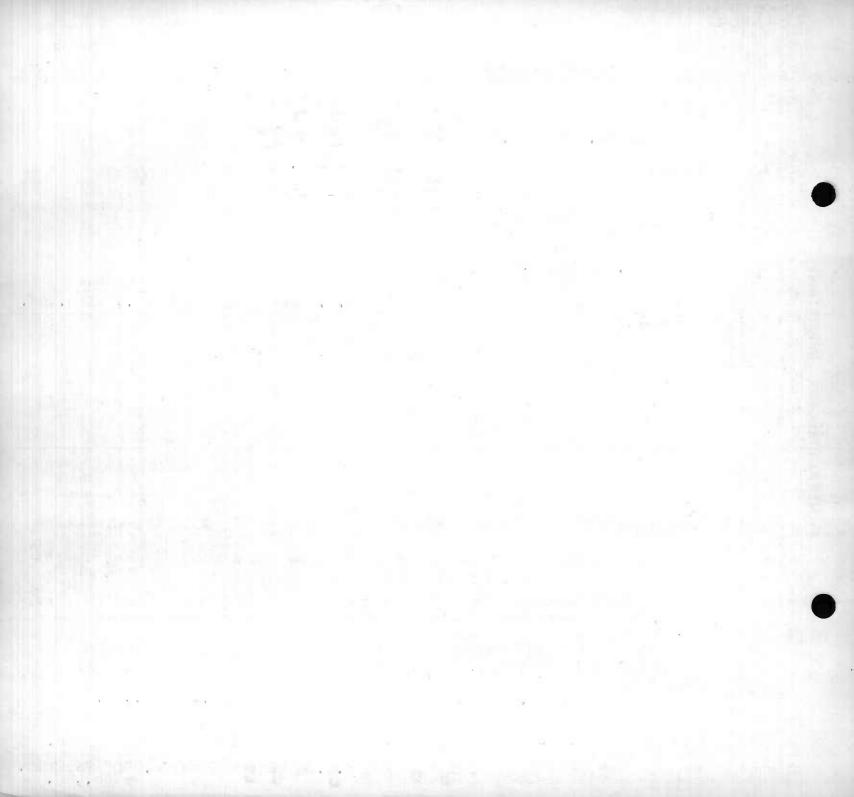
the body was released was D.O.A shows:

VS 150-REV. 1/1/68

If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U. S. A. ADDRESS (Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) and that in (my) (our) opinion death accurred on the date 23B, DATE SIGNED (City, town, or county) Penna. ADDRESS Co York Rd. .Jenkins, & Sons

NO



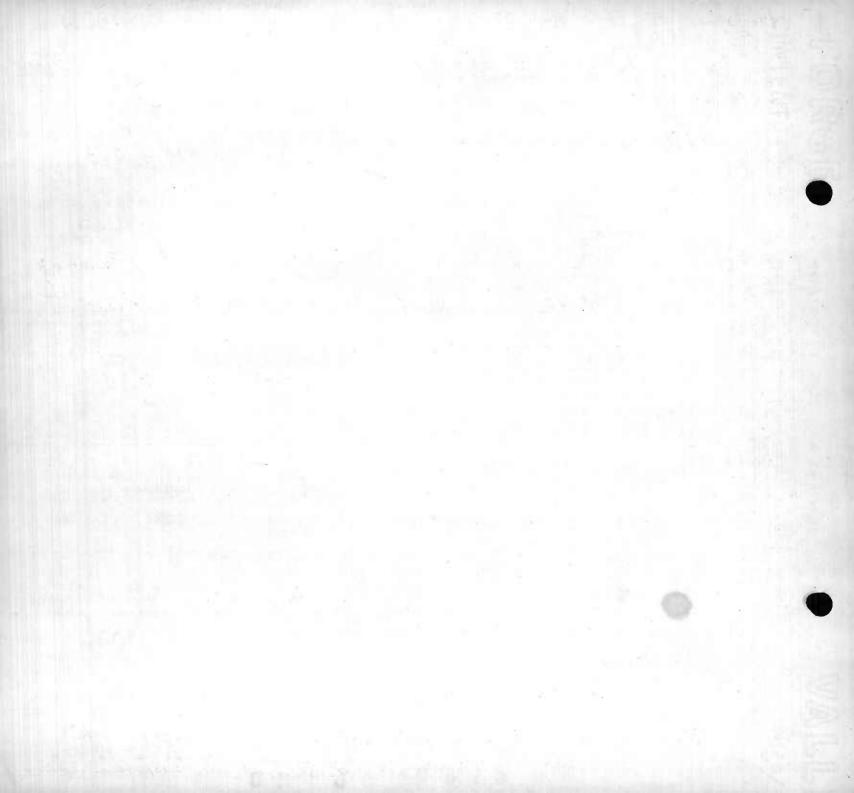


68- 6149 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

68- 6	3149
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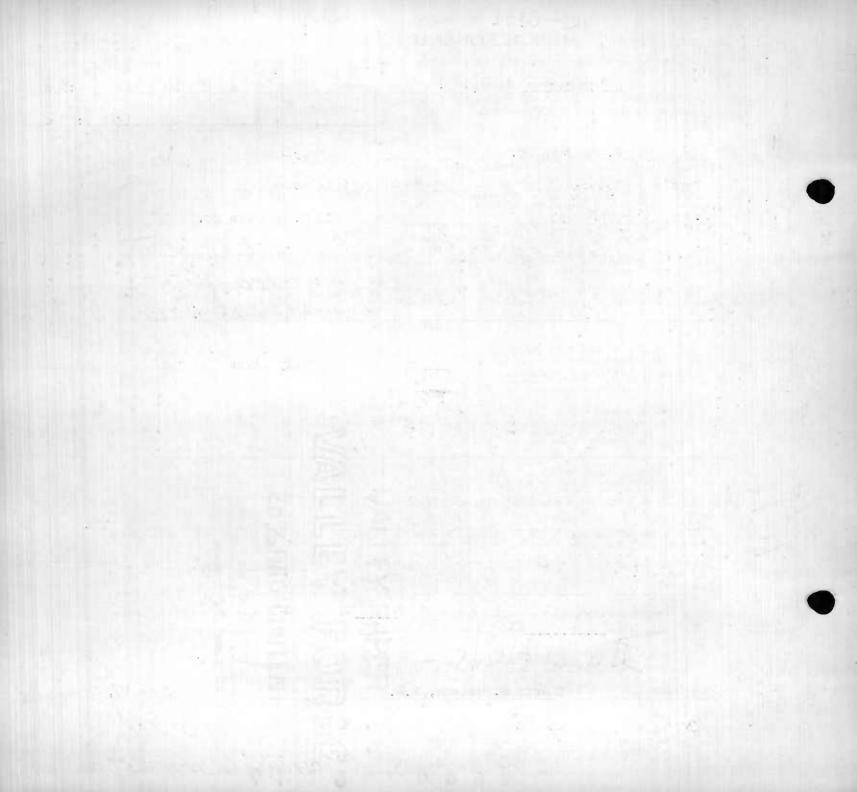
RIE	RTH NO.						CERTIFI			REG.			
1. NAME OF DECEASED				2. DATE	Known X	Month	Doy	Yeor	Hour				
(Type or Print) WILLIAM WILSON				OF	Estimoted	June		1968	11001				
				3. DATE	Estimoleg [7]					M.			
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					OUNCED DEAD	Month	Doy	Yeor					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)				OTTOLD DEAD	June	12,	1968	9:0	5 P.M.				
OR	NOITUTION							RESIDENCE (Where				e before odn	ission)
928 S. Hanover Street			A. STATE	A. STATE Maryland B. COUNTY									
6.	SEX	7. RAC	E	8 n	nico 🗆	NEVER MARRIED	Z C. CITY OF			D. INSIO	E CITY LIMITS	2)/	
		1											
	Male		Negro		WED 📙	DIVORCED		Baltimore	2		YES 📉	NO L	
9. [OF BIRT	TH T	lost bir	E (In years	If Under	r I Yr. If Under 24 Hi Doys , Hours , Mi	s. E. STREET	AND NUMBER					
1	et-18-	192	1	49				928 S. Ha	anover :	Stree	et		
ĬĬ.	BIRTHPLACE (Stote or f	oreign countr	y)	12. CITI	ZEN OF	13. FATHER	R'S NAME	. / .	1			
32	Butt.	- '	m	20	VyHy	AT COUNTRY?	110	a and Oire	11/10	20	_		
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don	e during most of	working li	fe, even if retir	red)	D OF BUS	SHAE 33 OK HADOS	KI IST MOTH	D D	AIC				
							1 (VOC	a for	ama	w	-		
16.	WAS DECEAS s, no or unknown	ED EVER	IN U.S. AR.	MED FORCE	S? 17	SOCIAL SECURITY NO.	18. INFOR	MANT			ADDRESS		1
(16	s, no or onknown	i) (ii yes, ç	No.	pies of service	.6)	SECORITI NO.	VIIN	2 FIDDA	march	71	7 Chu	Jusi	mult
	19.	400	1	77.11		CAUSE OF D	ATH	S OWN	· Cocc	277 20	No cue	PPROXIMATE	INTERVAL
	37	21	/1								45	WEEN ONSET	AND DEATH
	DISEAS		NOITION						11				
	171.		G TO DEATH			(A)IMMEDIAT		Epilepsy					
	heort follure	e, osthenle	o, etc. It meon	of dying, e.g., is the diseose,		DUE TO, O	R AS A CONSE	QUENCE OF:					
	heort follure, osthenio, etc. It meons the diseose, injury or complication which coused death.)												
		AITECED	ENIT CALLEE					-	(1)				
			ENT CAUSES	s	G	(B)	R AS A CONSI	EQUENCE OF:					
	DISEASES RISE TO TH	OR CON	DITIONS, IF	S ANY, GIVING STATING THI	G E	(B) DUE 10, C	R AS A CONSI	EQUENCE OF:				FINANCIO (E. C. C. III. III. III. III. III. III. I	
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WEDICAL MEDICAL	DISEASES RISE TO THE UNDERLYI OTHER SIGN TO THE DE DISEASE O 20A. DATE O 22A. EXTER UNDERLYING UTING OF INJURY (APPROX.) 23. I cer resul ACTUAL SIGNAT EXAMIN NAME (A. BURIAL CRE	OR CONE ABOVE NG CON I ABOVE NG CON INFICANT R CONDIT F OPERA RNAL CA AUSE OF (Month) tify thou I	USE WAS CONTRIB-DEATH. (Doy) (Charle , 248, DAT	S ANY, GIVING STATING THIST. S CONTRIBLE TO TO THE TERM IN PART 1 (A CONDITION (Year) (House S S S S S S S S S S S S S S S S S S S	ZZB.PLA home, fo WHII m. WOR	CE OF INJURY (e. rm, foctory, street, o	WAS PERFORMAND ASSON OF CREMAT	MED 22C. WHERE DID INJURY OCCUR? 22F. HOW DID IN ond that on the control of the control of the control of the control occurs. The control occurs of the control occurs	JURY OCCUR his bosis, d Undetermine EXAMINER [EXAMINER [LOCATION LOCATION	eoth In	my opinion mer June :	Yes DATE SIG	GNED



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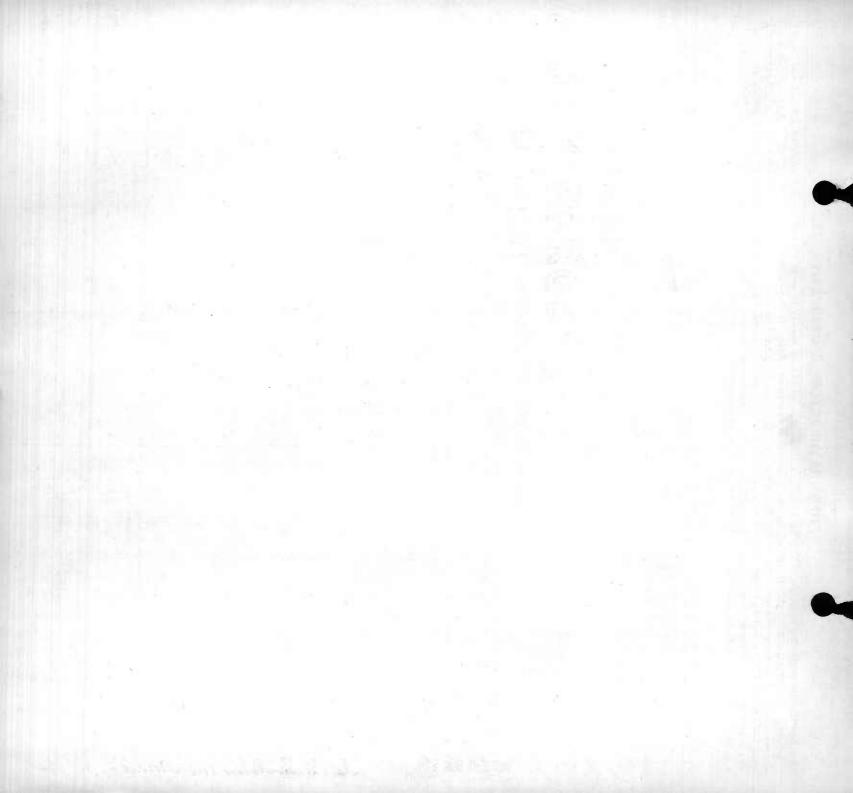
68- 6151 BALTIMORE CITY HEALTH DEPARTMENT

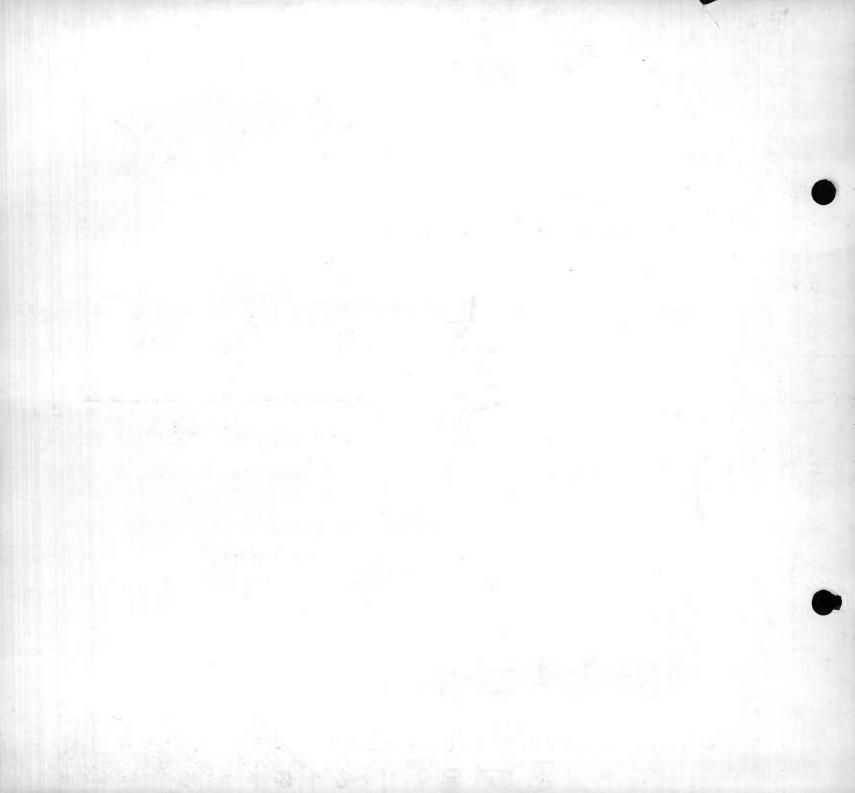
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	68- 6151
BIRTH NO.	REG. NO.	00 020-
1. NAME OF DECEASED	2. DATE Known St Month Doy	Yeor Hour
(Type or Print) GRACE CARTER ANDERSO N	OF DEATH Estimoted 6 10	68 4:50a M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimored 6 10 3. DATE Month Doy	68 4:50a M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	1001
HOSPITAL ADDRESS OR LOCATION)	June 10	1968 4:50 а м.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived, if institution:	residence before odmission)
611 W. Hoffman St.	A. STATE B. COUNTY	7-172
	Maryland C. CITY OR TOWN D. INSIDE CIT	YAIMITS?
MARKIED INEVER MARKIED		
Female Colored WIDOWED DIVORCED		s No 🗆
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs. Months, Doys, Hours, Min.		
May 30 - 1915 53	611 W. Hoffman St.	
1 BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
) / / b / / WHAT COUNTRY?	(1)	
Welson 11 Cawluck MSH	Cellena Could	
done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME	
	opena loundlier	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT AD	DRESS
(Yes, no or unknown) (If yes, give yor or dotes of service) SECURITY NO.	mineral Culting	- 60.0
110 CAUSE OF DEA	The war one	APPROXIMATE INTERVAL
19. CAUSE OF DEA	AIR	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH	CAUSE Fatty liver	
(This does not mean the made of dying, e.g., DUFTO OR	AS A CONSEQUENCE OF:	
heort foilure, osthenio, etc. It meons the disease, injury or complication which coused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
()		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	AS DEDGORMED	21. AUTOPSY? (Yes or No)
O A	AS PERFORMED	late Adiopsity (165 of 110)
		YES
	, in or about 22C. WHERE DID (If in Baltimare City, give exact	t locotion)
UNDERLYING OR CONTRIB- home, form, foctory, street, office UTING CAUSE OF DEATH.	ce bldg., etc.) INJURY OCCUR?	
2 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OFINITIPY	T WHILE C	
23.	WORK L	
	. XX	
	ond that on this basis, death in my	ppinion
resulted from: Natural causes Accident Suici	de Homicide Undetermined manner	
17/11/2	CHIEF MEDICAL EXAMINER	- AFF (101/FD
ACTUAL SI	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE TANGET M.I.	D	
Edward F. Wilson, M.D.	ASSOCIATE MEDICAL EXAMINER	10 1069
NAME (Type) Edward F. Wilson, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY		e 10, 1968 or coupy) (Stote)
REMOVAL (Specify)	CHEMINION (CITY, 10WI)	(Sible)
Burial 6-14-68 Mount	un Ballo	ry
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	259. FUNERAL DIRECTOR AL	DRESS
JUN 14 1968 P.O. R.Q. Z.O.	(g/). (n) 1	
Jacobs C. Tarker M.	Elloy WILL ROW IDE	Decentity k
VS 151-REV. 1/1/68	0 6 / 9 9	1



	68	- 615	2 CERTIFICA	Y HEALTH DEPARTMENT	REG. NO.	68- 6	152		
	AME OF DECEASED				2. DATE AND HOUR OF DEATH				
3. PLACE IN BA	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				11-68 There deceased fixed. II		offere odmission)		
FULL NAME OF HOSPITAL OR	F (IF NOT IN HOSPIT) ADDRESS OR LOCA	NON, GIVE STREET	A. STATE B. COUNTY MARYIAND C. CITY OR TOWN DINSIDE-CITY LIMITS?						
4300	TH BALTIMO, 1 tospi	NEKAL	E. STREET AND NUMBER 184 W Hamery H						
5. SEX	6. RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 4-10-77	9. AGE (In years lost birthdoy)		f Under 24 Hrs.		
	CUPATION (Give kind of work of working lile, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or f	oreign country)	12. CITIZEN OF W	HAT COUNTRY		
13. FATHER'S NA				14. MOTHER'S MAIDEN N	IAME				
RUF	FUS GERMI	AN		SAMAH	(?)				
	d Ever in U. S. Armed Fore		6. SOCIAL SECURITY NO.	17. INFORMANT	10110	ADDRESS			
DISEASES	ANTECEDENT CAUSES (B) ASCV			NK PENAL D D s a consequence of:	113 EM3 E				
TO THE DEA	IFICANT CONDITIONS COL ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	IE TERMINAL		20 A. AUTOPSY? (Yes or	N-V 200 AF 450 Ave				
19A. DATE C	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED				IN CERTIFYING	RE FINDINGS CONSIDI CAUSES OF DEATH?	EKED		
OR CONTRI	ENT WAS UNDERLYING CAUSE OF	21 B. P home etc.)	LACE OF INJURY (e.g., form, foctory, street,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR	(If in Boltin	imore City, give exact loc	otion)		
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	NJURY OCCURRED Not Whi	ile 🗀	NJURY OCCUR?					
that (1) (we	y that (I) (this haspital	d alive an	6-11-68	9 - 10 - 68 19 68 and view the bady after deat		6 - 11 - 68 apinlan death accurr	ed an the date		
23A. SIGNAT	any Won	rel Mi		ending Med.	Shaff Phys.	23B, DATE SIGNED			
23C. PHYSICI	Anst J Anny J. Wa	PONER	M.D. DEGREE	23D. ADDRESS SB611	- 12136	ight st.			
24A. BURIAL CR	REMATION, 24B, DATE	24C. NA	ME of CEMETERY OF CE	REMATORY 24D	LOCATION	(City, town, or county)	(Stote)		

24A. BURIAL CREMATION, 24B. DATE
24C. NAME of CEMETERY of CREMATORY
24D. LOCATION (City, town, or county)
25A. DATE REC'D BY HEALTH DEPT.
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR
25C. FUNERAL DI

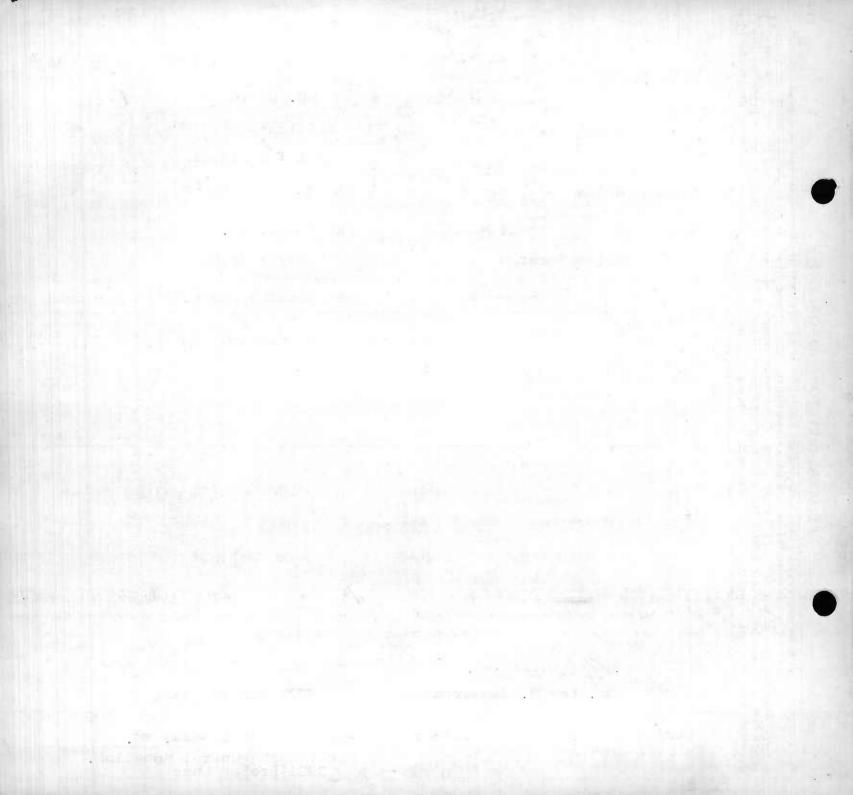


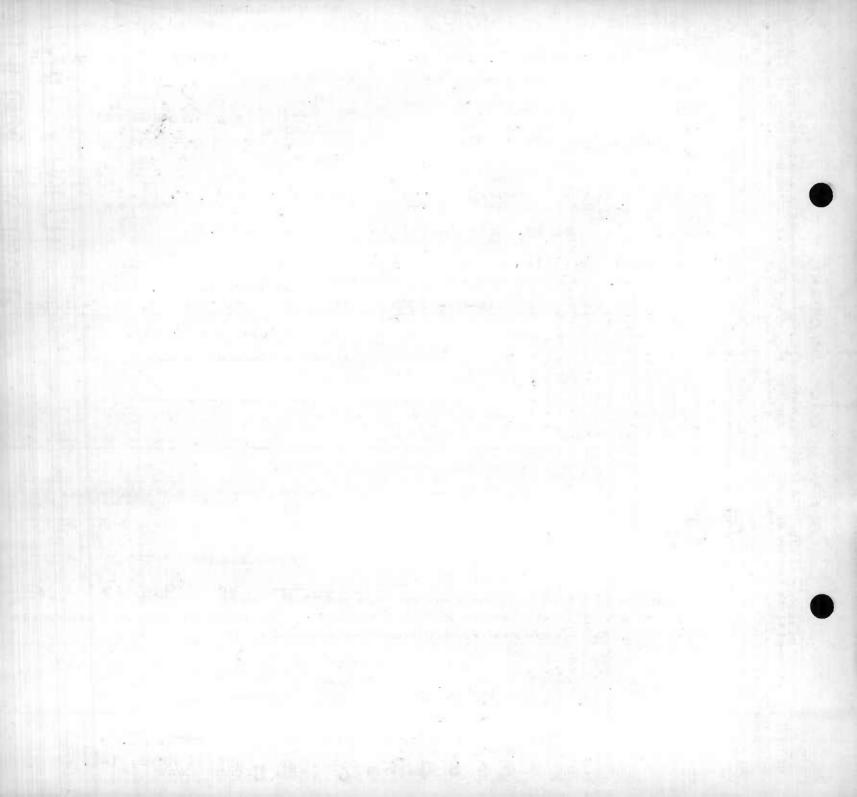


68- 6154 USUAL RESIDENCE (Where deceased lived, If institution: residence before admission). D. INSIDE CITY LIMITS YES X NO If Under 1 Yr. Months! Doys If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? HECKELLS T350 SHERWWID THE BATTO SETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) UNE 13, 19 68. 23B. DATE SIGNED 6.13.68 (City, town, or county) ADDRESS/

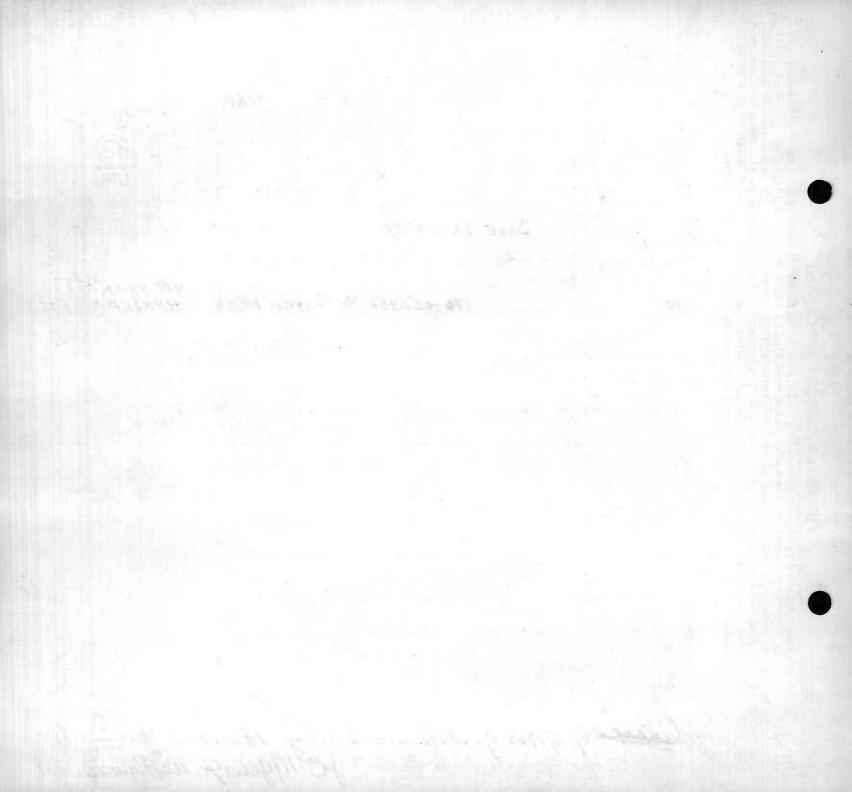
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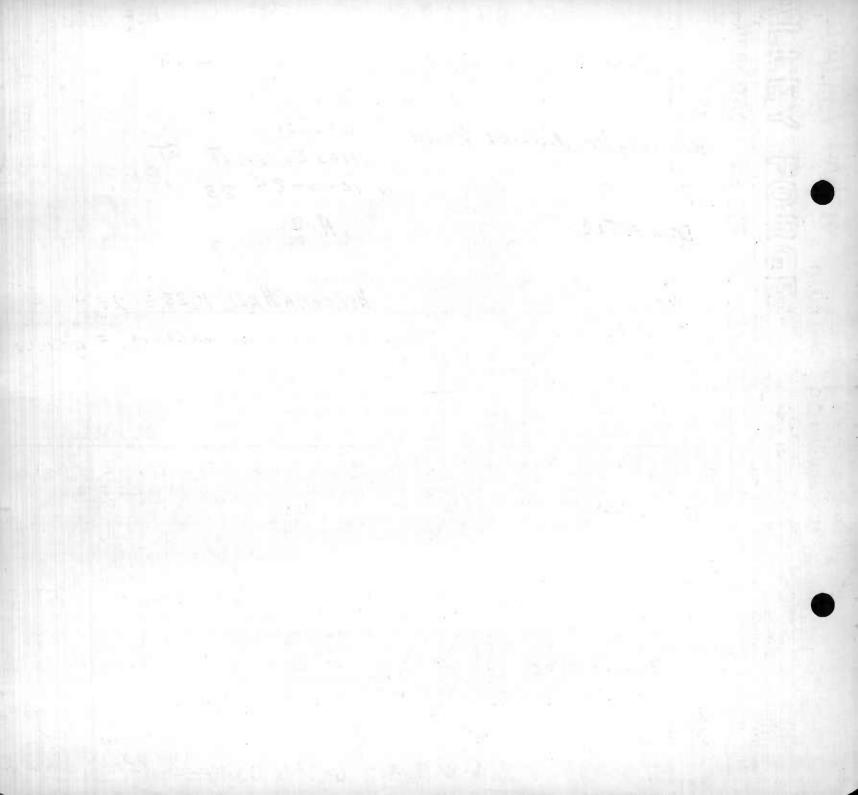


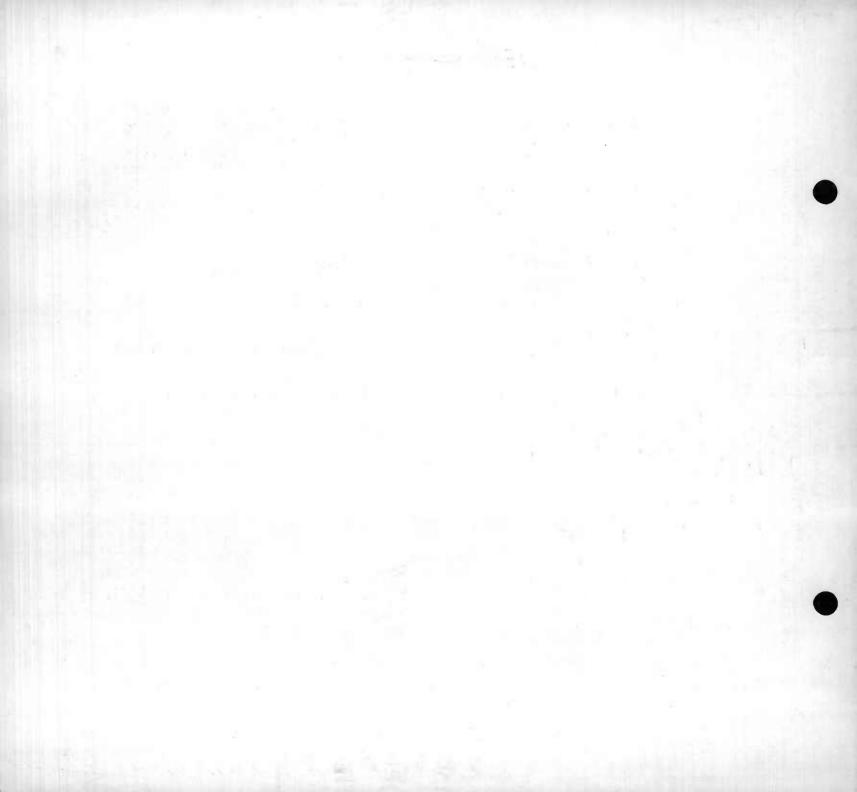


Salve of panels Ball Home K. P. South Baltimore Gowers Hispital BOI West MAL PHACE. N X 81-1819 18 Mel. Lebeld William Floyd 68 Joine 12 James 12 45



THE S. Edgar TERE 7/14/180 I 7 PH ... 1160 C THUEFE Arrest Haltson I HEWIN FRANKE 212-36 363 Pt: Herrint Chier BUK HE METER THE MOSTER CALL ST





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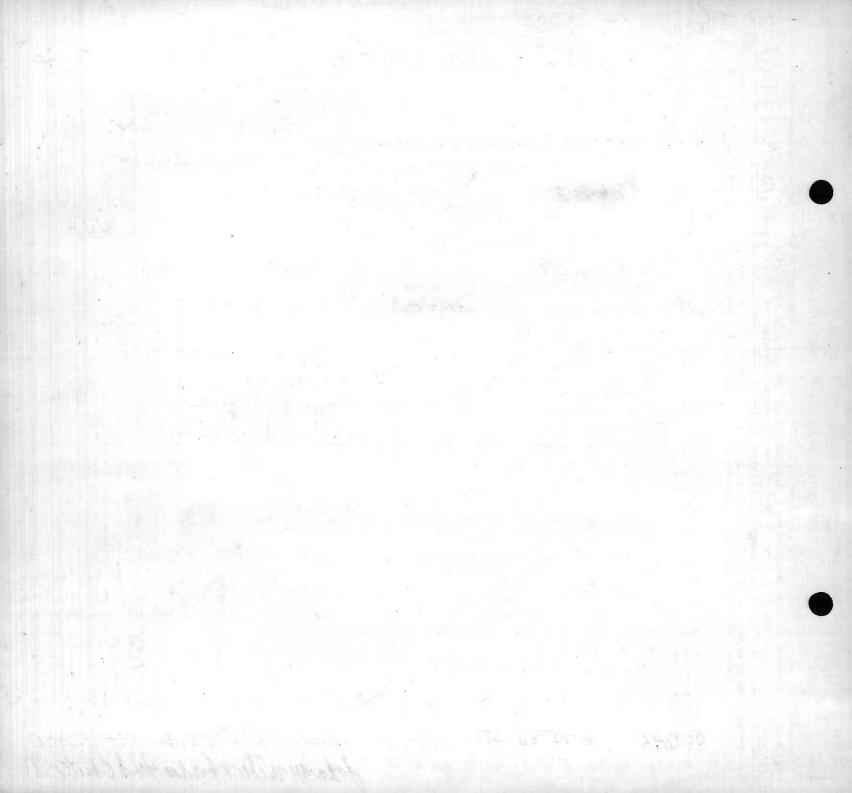
THE BUILDING ASSESSMENT OF V.

IMPORTANT

FUNERAL DIRECTOR:

BIRTH NO.	CATE OF DEATH REG. NO.	
NAME OF DECEASED	2. DATE AND HOUR OF DE	
Type or Print) Raymond Gross E	6/10/68	6:20 p.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived.	If institution: residence before admissio
THE STATE OF THE S	Maryland	23-01
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN	MISIDE CITY LIMITS?
INSTITUTION	Baltimore	YES NO
43	E. STREET AND NUMBER	
SOUTH BALTIMORE GENERAL HOSPITAL	138 W. Hamburg Street	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	Adaptha Dave House Adin
Male Colored WIDOWED DIVORCED	2/21/27	7
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUS		12. CITIZEN OF WHAT COUNT
done during most of working life, even if retired)		
	14. MOTHER'S MAIDEN NAME	
13. FATHER'S NAME		
William Carter	Pauline Thomas	
S. Wos Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
216-24-00	005	
18.2 / AX L JO3. 2/ CAUSE OF DI		APPROXIMATE INTERVAL
injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION last. (B) DUE TO, OI	MANNA: Empyenne RAS A CONSTOUENCE OF Mhoplemal Fistula	
	NO NO (If in Bo	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (champe, form, foctory, streeger, form,	NO IN CERTIFYING	G CAUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (characteristics) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	e.g., in or obout 21C. WHERE DID (If in Both, office bidg., In JURY OCCUR?	oltimore City, give exoct location)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199. DATE OF OPERATION PART 1 (A). 199. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) While At Not Work 22. I certify that (X) (this haspital) ottended the deceased from	e.g., in or obout 21C. WHERE DID (If in Bo	oltimore City, give exoct locotion)
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21B. PLACE OF INJURY (A) home, form, foctory, stree etc.) 21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) 21E. INJURY OCCURRED While At Not Work 22. I certify that (X) (this haspitol) ottended the deceased from	NO IN CERTIFYING e.g., in or obout 21C. WHERE DID (If in Both in Jury Occur?) 21F. HOW DID INJURY OCCUR? While	oltimore City, give exoct location)
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (X) (this haspital) attended the deceased from that (N) (we) last saw the deceased alive an 6/10/68 and hour and from the couses stated above. (1) (We) (did) (did not 23A. SIGNATURE)	NO IN CERTIFYING e.g., in or obout 21C. WHERE DID (If in Bo in office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? While 19	oltimore City, give exoct location) 0/10/68 19 19 opinion death occurred on the control of the
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199. DATE OF OPERATION PART 1 (A). 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not Work 22. I certify that (X) (this haspital) ottended the deceased from that (X) (we) last saw the deceased olive an 6/10/68 and hour and from the couses stoted above. (I) (We) (did) (did not 23A. SIGNATURE 23C. PHYSICIAN'S	While 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? While 319 ta 6 19 ond that In 19 (our of) view the body ofter death.	oltimore City, give exoct location) 2/10/68 19 238, DATE SIGNED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION (IVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (A home, form, foctory, stree etc.) 21D. TIME (Month) (Doy) (Year) (Hour) Work 21D. TIME (Month) (Doy) (Year) (Hour) Work 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that (A) (this haspitol) ottended the deceosed from that (N) (we) last saw the deceosed olive an 6/10/68 and hour ond from the couses stoted above. (I) (We) (did) (did not 23A. SIGNATURE) 23C. PHYSICIAN'S NAME (Type)	While 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? While 30 ond that In Amy) (our of) view the body ofter death. Attending 60 Director 70 Phys. 22D. ADDRESS	oltimore City, give exect location) 2/10/68 19 238, DATE SIGNED 6/11/68
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION PART 1 (A). 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not Work 22. I certify that (A) (this haspital) attended the deceased from that (N) (we) last saw the deceased olive an 6/10/68 and hour and from the causes stated above. (I) (We) (did) (did not 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) DONALD M. WOOD., M.D.	NO e.g., in or oboul 21C. WHERE DID (If in Be in office bidg., INJURY OCCUR?) 21F. HOW DID INJURY OCCUR? While 19 ond that In Arry (our off) view the body ofter death. Attending 19 Med. Staff Phys. 23D. ADDRESS S.B.G.H 1213 Light Staff St	oltimore City, give exoct locotion) 2710/68 19 23B, DATE SIGNED 6/11/68
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not Work 22. I certify that (X) (this haspital) ottended the deceased from that (N) (we) last saw the deceased olive an 6/10/68 and hour and from the causes stated above. (1) (We) (did) (did not 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	NO e.g., in or oboul 21C. WHERE DID (If in Be in office bidg., INJURY OCCUR?) 21F. HOW DID INJURY OCCUR? While 19 ond that In Arry (our off) view the body ofter death. Attending 19 Med. Staff Phys. 23D. ADDRESS S.B.G.H 1213 Light Staff St	oltimore City, give exect location) 2/10/68 19 238, DATE SIGNED 6/11/68
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English mallos jumpacontlis otto laures Contracted of Market Contract



VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

V.S. 153 and letter from J.H.H. 6-19-68

M.H.

68-6168 BALTIMORE CITY HEALTH DEPARTMENT

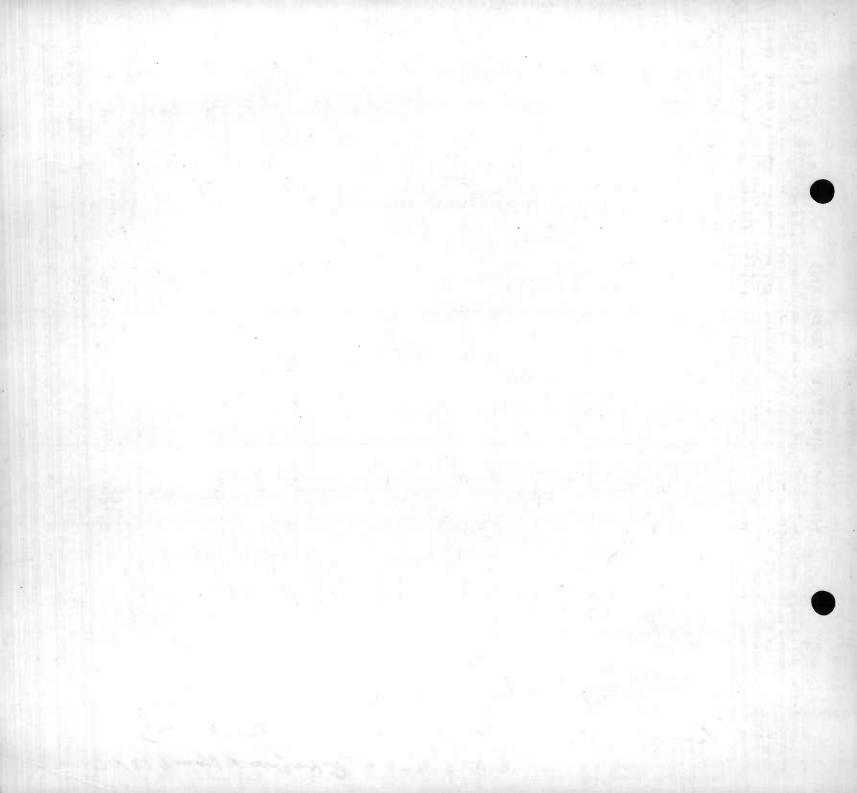
68- 6168 BALTIMORE CITY HE. MEDICAL EXAMINER'S (CERTIFICATE OF DEATH 68-6168
BIRTH NO.	REG. NO.
NAME OF DECEASED TANTES	2. DATE Knawn X Manth Doy Yeor Haur
ALBERT, HUDSON	OF DEATH Estimoted 6 12 68 7:05 a M.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
OSPITAL ADDRESS OR LOCATION)	June 12 1968 7:05 a M
DR INSTITUTIO N	5. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
868 W. Balto. St.	A. STATE B. COUNTY B. COUNTY
SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
MARKIED LINEVER MARKIED L	
Male White WIDOWED DIVORCED X	Balto. YES K NO L
DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.	E. STREET AND NUMBER
June 16, 1913 -56-54	969 IJ Polto Ch
1. BIRTHPLACE (State or fareign cauntry) 12. CITIZEN OF	868 W. Balto. St.
WHAT COUNTRY?	
Orange Co., N. C.	Willie Hudson
4A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
Prob I oborer	Hanna Cates
Prob. laborer S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	1B. INFORMANT : (family) ADDRESS
es no or unknown\\(\text{lif yes give wor or dates of service}\)	
244-16-8264	
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL
0 ///0 1	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	CAUSE Fatty liver
(This does not mean the made of dying, e.g., DUETO, OR,	AS A CONSEQUENCE OF:
heart fallure, osthenla, etc. It means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	
381.0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
DI A	AS PERFORMED 21. ACTOPS 17 (100 of 110)
	YES
	in ar about 22C. WHERE DID (If in Baltimore City, give exact location)
5 0.102	e bldg., etc.) INJURY OCCUR?
UTING LI CAUSE OF DEATH.	200 HOWDID INHIBN OCCUPA
OF INJURY 22D. TIME (Manth) (Day) (Year) (Haur) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROV)	WHILE
(APPROX.) m. WHILE AT WORK AT W	WHILE VORK
(APPROX.) m. WHILE AT WORK AT W	VORK L
(APPROX.) m. WORK AT W 23. I certify that I held on Inquiry Inspection Au	ond that on this basis, death in my opinion
(APPROX.) m. WHILE AT WORK AT W	ond that on this basis, death in my opinion
(APPROX.) m. WORK AT W 23. I certify that I held on Inquiry Inspection Au	de Homicide Undetermined monner CHIEF MEDICAL EXAMINER
(APPROX.) m. WORK AT W 23. I certify that I held on Inquiry Inspection Au	ond that on this basis, death in my opinion de Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED
(APPROX.) m. WORK NOT	de Homicide Undetermined monner CHIEF MEDICAL EXAMINER
(APPROX.) m. WORK NOT AT W	ond that on this basis, death in my opinion de Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED
CAPPROX.) M. WHILE AT NOT	ond that on this basis, death in my opinion de Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER
CAPPROX.) m. WHILE AT NOT	ond that on this basis, death in my opinion de Homicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER June 12, 1968
CAPPROX.) M. WHILE AT NOT	ond that on this basis, death in my opinion de Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER or CREMATORY 24D. LOCATION (City, tawn, or county) (State)
CAPPROX.) m. WHILE AT NOT	ond that on this basis, death in my opinion de Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER June 12, 1968 or CREMATORY 24D. LOCATION (City, tawn, or county) (State)
CAPPROX.) m, WHILE AT NOT	ond that on this basis, death in my opinion de Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER or CREMATORY 24D. LOCATION (City, tawn, or county) (State)

VS 151-REV. 1/1/6B

7.1 THE RESERVE OF THE PARTY OF THE week, Torus A DESCRIPTION OF THE PROPERTY The second are not the property of the second and the second and the second are second as the second and the second are second as the second are second are second as the second are second are seco

FUNERAL DIRECTOR: IMPORTANT

	00 0100	BALTIMORE CITY	HEALTH DEPARTMENT		00 0400	
	68- 6169	CERTIFICA	TE OF DEATH	REG. NO	68- 6169	
	TH NO.			D HOUR OF DEATH	0.42	
	pe ar Print)	# .	Q	, 17 1/	8 905,	7
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD		e deceased lived. II in	stitution; esidence before odmis	ssion)
			A. STATE B. COUN	ΙΥ	19-02	NAME OF STREET
HO	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	CUTY OR TOWN	In thick	DE CITY LIMITED	
INS	NOITUTION		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?	
3	6= 11.0	10	E. STREET AND NUMBER		YES NO L	
	Tranklin Sa	wave (TOSA)	1500 111	T. 71.	V/ 71222	
5. S			B. DATE OF BIRTH	Mayelle	If Under 1 Yr., If Under 24	. U.s
٠, ٦	Ti til	=	4/-/1002	ost birthay	Manths Doys Haurs M	Nin.
104	. USUAL OCCUPATION (Give kind of work 108, KINE		173/10/2	16	TIO CITITED OF WILLT COLL	AITDV
	during most of working life, even if retired)		11. BIRTAPLACE (State or fareig	gn country	12. CITIZEN OF WHAT COU	IN LKT
X	ET. JOMESTIC PU	TURNILY	N.C.		USA	
13,	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E		
7	Homas Duggins		Hatti	17		
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	s say	ADDRESS	
(Yes	s,no or unknown) (If yes, give wor or dotes of servi	SECURITY NO.	1 1 6.1	305 25006	Engreph De	
	NO		-01	00 20000		
	18.410.41	CAUSE OF DEATH	A		BETWEEN ONSET AND	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Hem	percardien	~		
	(This daes not mean the mode of dying,	(A) IMMEDIATE CAU	SE/ A CONSEQUENCE OF:			
	hearl failure, asthenia, etc. It means the dise		A CONSEQUENCE OF:			
	injury or complication which caused death.)	D V	wood Gunna	deal enfo	7	
	ANTECEDENT CAUSES	(B)		dias ungi	verip	
	DISEASES OR CONDITIONS, il any, gi	11.13	A CONSEQUENCE OF:	0		
	rise to the abave couse (A) stating UNDERLYING CONDITION last.	(C)				
	420.1					
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG				
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL				
RTIFIC,	19A. DATE OF OPERATION 198 CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE I	FINDINGS CONSIDERED	
RTI	WAS PERFORMED			IN CERTIFIING CA	DSES OF DEATH!	
C	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, farm, factory, street, at	ar about 21 C. WHERE DID	(If in Baltimore	e City, give exact location)	-
AL	DEATH (notify medical examiner)	etc.)	ince bing., INJORT OCCOR:			
EDIC	21D.TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
ME	OF INJURY	While At Not While				
	(APPROX.)	Work At Wark			11	10
	22. I certify that (I) (this haspi)al) attend	ed the deceased fram	6/9/68	96 / 10 2	5//2 196	1
	that (1) (we) last saw the deceased alive	an 6/12	19 8 and the	t in (my) (our) opli	nian death accurred an the	date
	and haur and from the causes stated abov	e. (1) (We) did) (did not) v	UU	4		
	23A. SIGNATURE	(1) (10) (10) (10)	Town the body effor deaths		238. DATE SIGNED	
	seek A-			Shaff	1 10 10	
	man toong	GEGREE Phys		Phys.	6-12-60	
	23C. PHYSICIAN'S NAME (Type)	1.	23D. ADDRESS		11	
	V28 1002	75 M GEGREE	Trankli.	1 SAWA	ne Mospita	2
24A	BURIAL CREMATION, 24B. DATE	NAME of CEMETERY OF CRE	MATORY 24D. LC	CATION / (Ci	ty, town, or county) (Sto	ote)
1	REMOVAL (Specify)	mt Ausun	B	mate m	>	
25A	A. DATE REC'D BY HEALTH DEPT. 258, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS	
	JUN 1 4 1968 (A) O	of Establine	o mangner	P. Hager L.	38NG12mon	50
	150-REV. 1/1/6B	THE AN AMERICAN	110/11/01	, ,		
1/5						

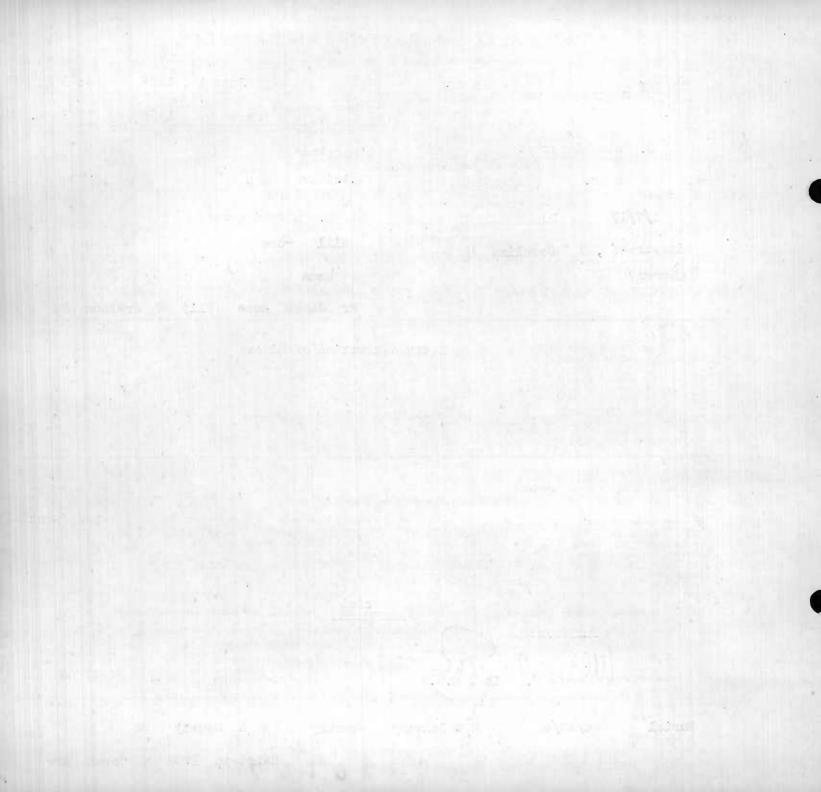


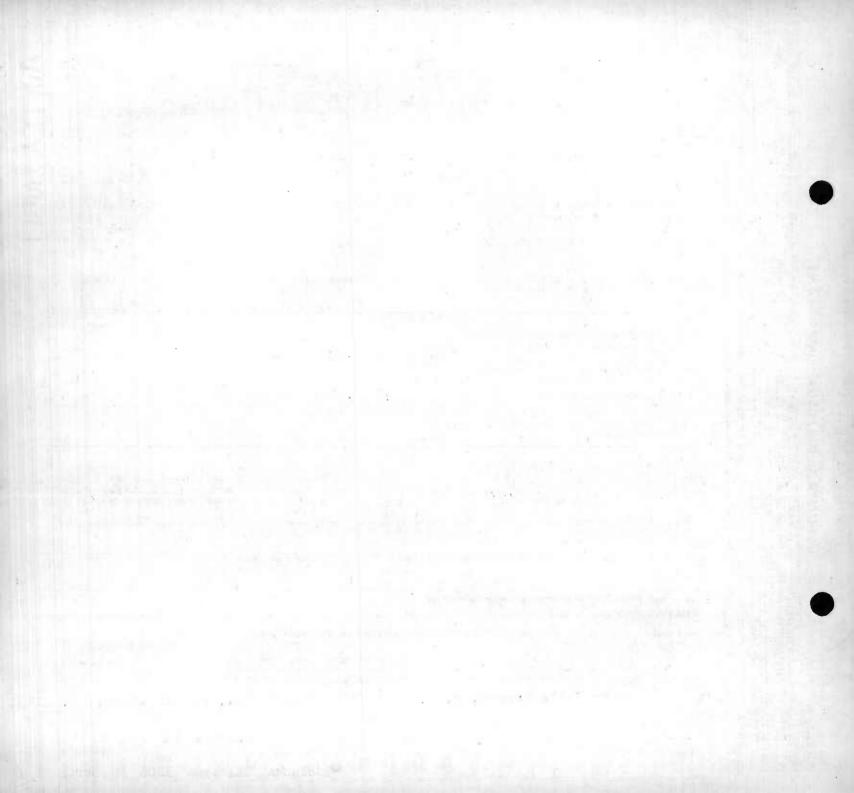
1	68- 6470	ALTIMORE CITY HEALTH DEPAR		68- 6170
BIRTI	H NO.	ERTIFICATE OF DE	EATH REG. NO.	00-0170
1. NA	AME OF DECEASED or Print) McLendou.	Troy	2. DATE AND HOUR OF DEATH	16 45 P
3. PI	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED		B. COUNTY	titution: residence before admissi
FUL HOS INST	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, OF SPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOW	N D. INSID	DE CITY LIMITS?
3	THE JOHNS HOPKINS HOSPI	TAL E. STREET AND		YES X NO
	THE COMMO HOVERNO HOUSE		E. CHASE ST.	
S. SE	MARKED		H 9. AGE (In years	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
	ALE NEGROID WIDOWED	DIVORCED 1-1-1		
	USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINE during most of working life, even if retired)	SS OR INDUSTRY 11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTE
	Laborer			UDA
13. F	FATHER'S NAME	14. MOTHER'S A		
16 11	JOHN MCLENDON	MARTHA	UEEN	A 10 10 10 10 10 10 10 10 10 10 10 10 10
Yes,	Vas Deceosed Ever in U. S. Armed Forces? ,no or unknown) (If yes, give wor or doles of service) SEC	URITY NO. 17. INFORMANT Chart	,	ADDRESS
1	18.44 3 D. 9 I	AUSE OF DEATH		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	0 1		BETWEEN ONSET AND DEA
	LEADING TO DEATH (This does not mean the mode of dying, e.g.,	A) IMMEDIATE CAUSE & Auto	acrando	9 hour
	heart failure, asthenia, etc. It means the disease, injury ar complication which coused death.)	DUE TO, OR AS A CONSEQUENCE	hemarkage	
	ANTECEDENT CAUSES	and consumu	hemarkage meating Berry	
	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS A CONSEQUENCE		Sin
	rise to the above cause (A) stating the UNDERLYING CONDITION (ast.	c)	0	
	330× II			
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL			12 20 70 3
1 4 1	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OPERATION 20A. AUTOPS	Y? (Yes or No) 20B, IF YES, WERE FI	NDINGS CONSIDERED
RTIFIC	WAS PERFORMED	L	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
Ü	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OR CONTRIBUTING CAUSE OF home, form,	OF INJURY (e.g., in or about 21C. VIII	HERE DID (If in Baltimare	City, give exact location)
CAL	DEATH (notify medical examiner)	,,		
MEDI	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY		OW DID INJURY OCCUR?	
2	(APPROX.) While At Work	Not While At Work		1
2	22. I certify that (4) (this hospital) attended the dece	E 1	9 19 68 to 4	10 1968
t	that (1) (ast sow the deceased alive on	6/10 19/6	Sond that in(my) (opin	ion death occurred on the de
	ond hour ond from the couses stated above. (1) (46)	did) (did not) view the body of		
2	23A. SIGNATURE	Attending C		23B. DATE SIGNED
	Clegabeth N. Jauss	DEGREE Phys. Di	ed. Staff Phys.	0/10/68
2	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS		
244	ELIZABETH H. JANSSON BURIAL CREMATION, 1248, DATE 124C, NAME of			SPITAL
24A.	Burial 6/17/63 Arbutus	S Mem Fark	Baltimore Md	r, town, or county) (State)
25A.	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGIS			ADDRESS
	JUN 1 4 1968 Robert E.	Carley Mal	Halstgad 1206 W	North A e
1	ISO-REV. 1/1/68	0	0 0	V

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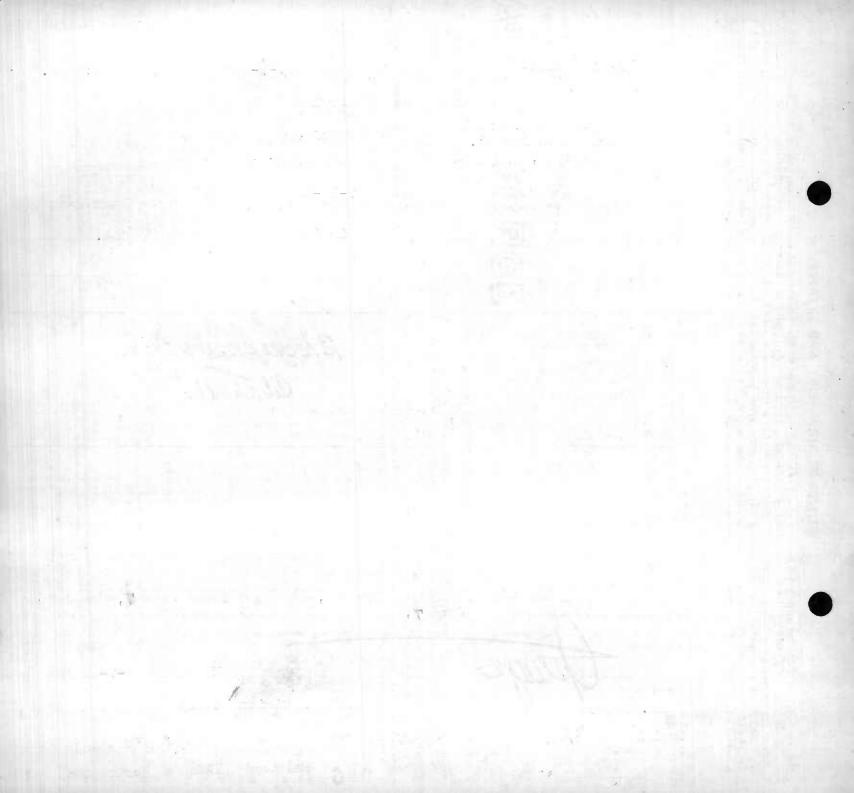
-8c	DI ATEDICAL	EVA MINIEDIC	CERTIFICATE	OF DEATH
	MEDICAL	EXAMINERS	CERTIFICATE	OF DEATH

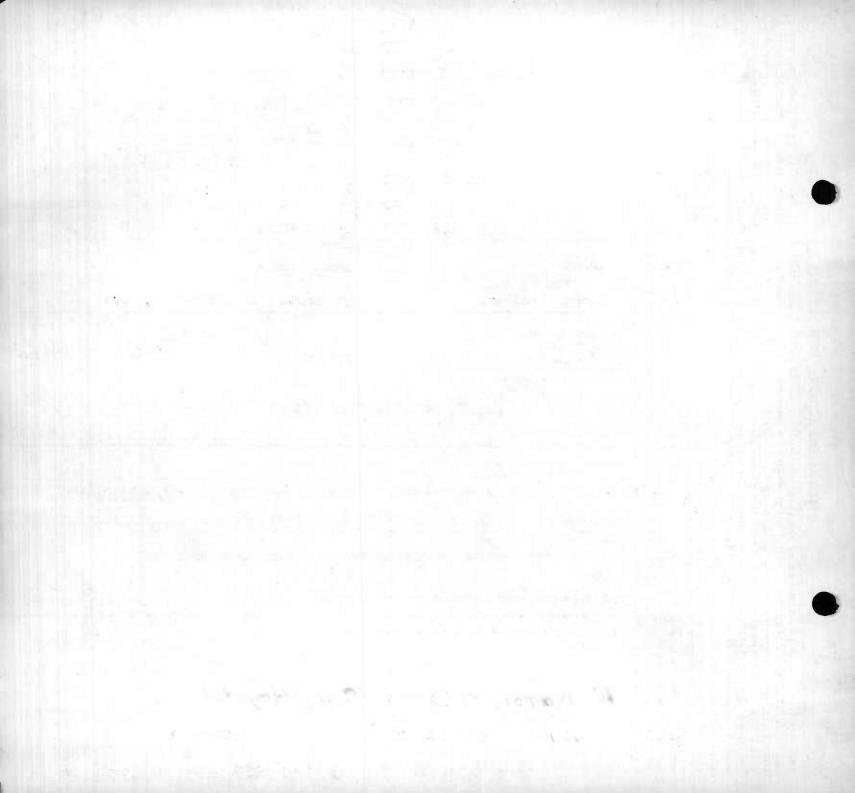
1. NAME OF DECEASED 1. NAME OF DECEASED 2. DATE OF Estimoted 2. DATE 3. DATE 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmiss) 10:20
ROBERT R OSE 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmiss)
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 3. DATE Month Doy Yeor PRONOUNCED DEAD June 10, 1968 10:20 5. USUAL RESIDENCE (Where deceosed lived. If Institution: residence before odmiss
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) PRONOUNCED DEAD June 10, 1968 10:20 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admiss
3. SOME RESIDENCE (Milete decessed lived. Il Institution, residence before dumiss
513 N. Pulaski Street A. STATE Maryland B. COUNTY O O
6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OF TOWN D. INSIDE CITY LIMITS?
male negro widowed Divorced Baltimore YES X NO
9. DATE OF BIRTH 10. AGE (In yeors lost birthdoy) 1/7/17 10. AGE (In yeors lost lost birthdoy) 50 10. AGE (In yeors lost lost birthdoy) 50 10. AGE (In yeors lost lost lost lost birthdoy) 513 N. Pulaski Street
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Will 13. FATHER'S NAME WHAT COUNTRY?
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) Rena
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Mr James Rose 2115 E Preston St
19. CAUSE OF DEATH APPROXIMATE INI BETWEEN ONSET AN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart follure, osthenio, etc. it means the disease, injury or complication which coused death.) DUE TO, OR AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes of
Yes (p
EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH. 228. PLACE OF INJURY(e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR?
Z2D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY OCCUR? WHILE AT NOT WHILE AT WORK M. WORK AT WORK
1 certify that I held on Inquiry Inspection Autopsy Ond that on this basis, death in my opinion resulted from: Natural causes Assistant Suicide Homicide Undetermined manner
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Actival causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 6/11/68
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24D. LOCATION (City, lown, or county) (Stote
Burial 6/13/68 M t Calvary Cemetry A A County Md
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
JUN 1 4 1968 Robert E. Tarker M. Halstead 1206 W North Av





VS 150-REV, 1/1/6B





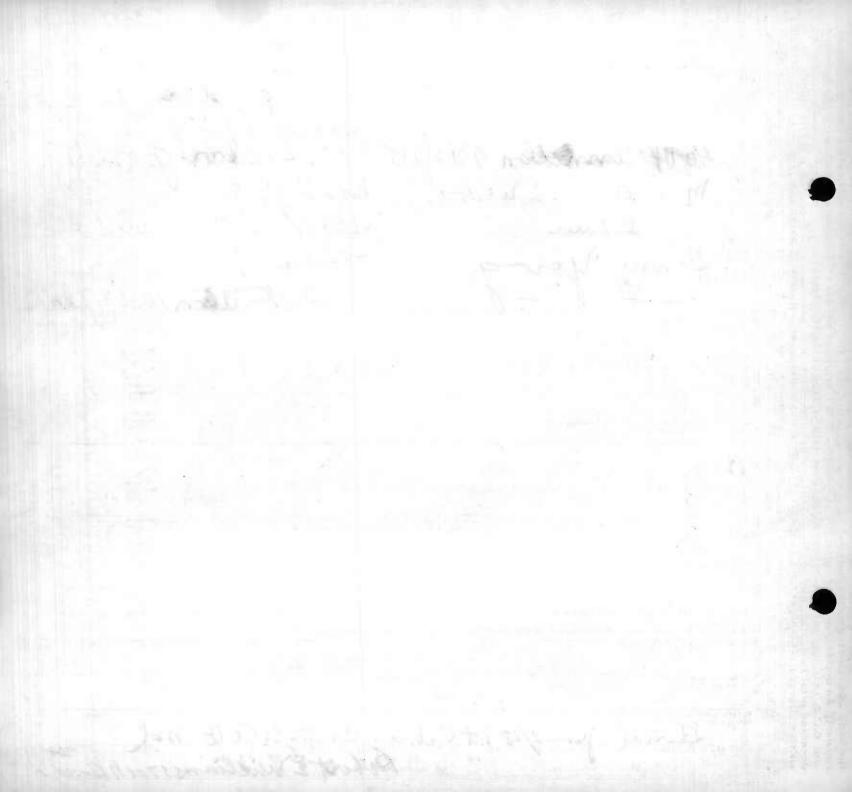
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BALTIMORE CITY HEALTH DEPARTMENT

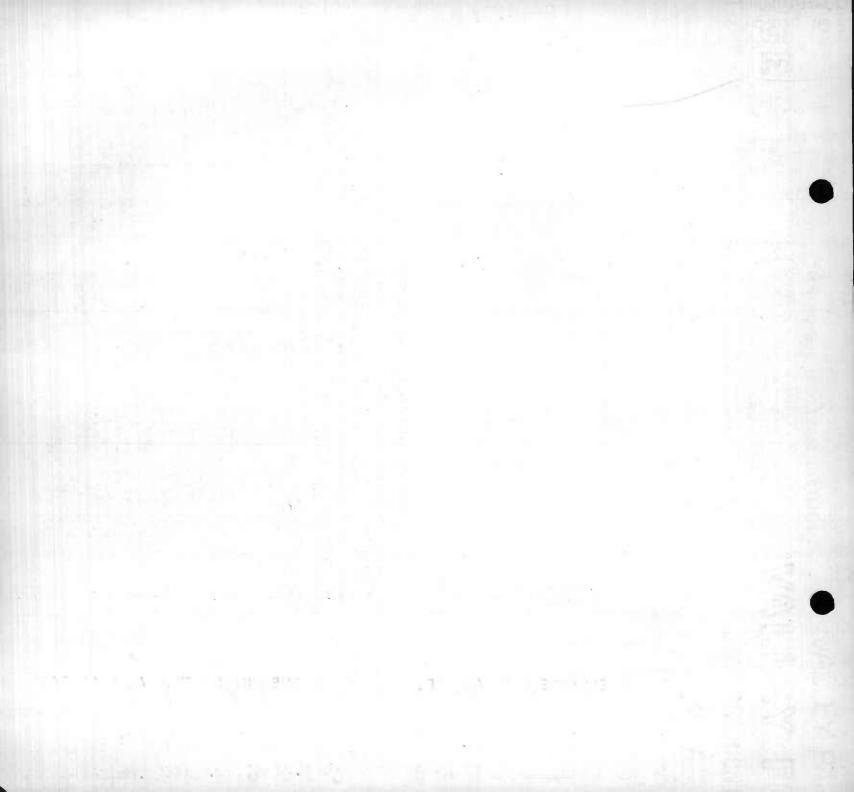


W-425

68- 6176 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH V 68- 6176
BIRTH NO.	REG. NO.
NAME OF DECEASED Type or Print)	2. DATE Known X Month Day Year Haur
CHARLES BILL WILSON	OF DEATH Estimoted □ 6 10 68 4:50 at
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 10 1968 4:50a
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	June 10 1968 4:50a 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission)
	A. STATE B. COUNTY
University Hospital	Maryland Haward Co
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Colored WIDOWED DIVORCED	Jessup YES NO W
P. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs. Months; Days; Hours; Min.	E. STREET AND NUMBER
SEP1, 30, 1932 35	Rt. 1 Box 253 Jessup, Md.
11. BIRTHPLACE (State ar fareign cauntry) 12. CITIZEN OF	13. FATHER'S NAME
(PE = 1111/ C WHAT COUNTRY?	Thomas (1) I can
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	VIS MOTHER'S MAIDEN NAME
lane during mast of working life, even if retired)	TTI/-1 Cany
LABORER (EMent FINIShers CO.	KINEL GARY
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL Yes, na grunknown)((If yes, give wor ar dotes af service) SECURITY NO.	IB. INFORMANT
YES UNKNOWN UNKNOWN	ELSIE WILSON BOX 253 MIT
19.) CAUSE OF DEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY	SETTLEM ONSELVING SEA
LEADING TO DEATH	CAUSE Injuries
(This does not mean the made of dying, e.g.,	AS A CONSEQUENCE OF:
heart foilure, asthenia, etc. It means the diseose, Injury ar camplication which coused death.)	A CONSEQUENCE OF
ANTECEDENT CAUSES (B)	20000000000000000000000000000000000000
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	ute alcoholism
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
O O O CERTIFICATION WITH OF EXAMENT OF EXAME	AS TERIORMED
	YES
22A. EXTERNAL CAUSE WAS UNDERLYING NOR CONTRIB. 22B. PLACE OF INJURY (e.g., hame, farm, factory, street, offic	in or about 22C. WHERE DID (If in Baltimare City, give exact lacation) (See bldg., etc.) INJURY OCCUR?
☐ UTING ☐ CAUSE OF DEATH. Street	U.S. Rt. 175 1 mile E of U.S. Rt. 1
22D. TIME (Manth) (Day) (Year) (Haur) 22E.INJURY OCCURRED OF INJURY	(5) 22F. HOW DID INJURY OCCUR?
(APPROX.) 6 10 68 4:00a. WHILE AT WORK	Subject by auto
23.	
I certify that I held an Inquiry Inspection Au	and that an this basis, death in my apinlan
resulted fram: Natural causes Accident XX Suicid	de Hamicide Undetermined manner
Testifed Hallis Address Accident Are Solicit	
ACTUAL Solving A A A A A C.	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER LXX
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Edward F. Wilson, M.D.	June 10, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	ar CREMATORY 24D. LOCATION (City, town, or caunty) (State)
BURIAL 6-15-68 APRILLIES	MEN: PK Kalto Mid 21227
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS -
1 1000 A 0 7 0	1/1/200 14126.
JUN 14 1908 (Religion to L. Janey 10	1 ALVINO ORUGGS Freston

Busine 645-63 HERWILL MAY, For Puthe, All 2122

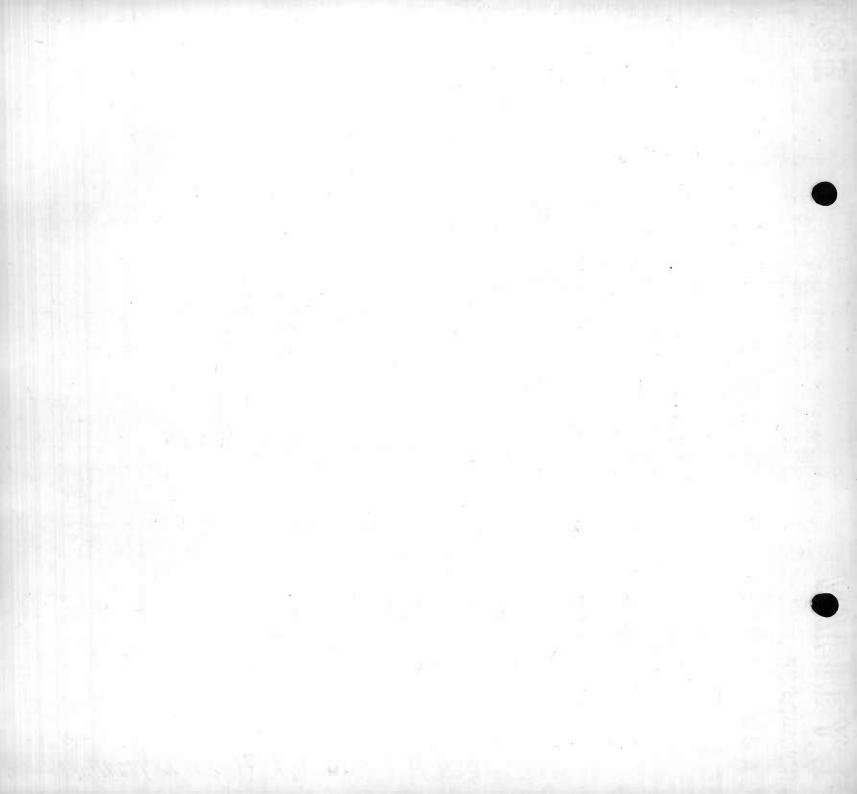


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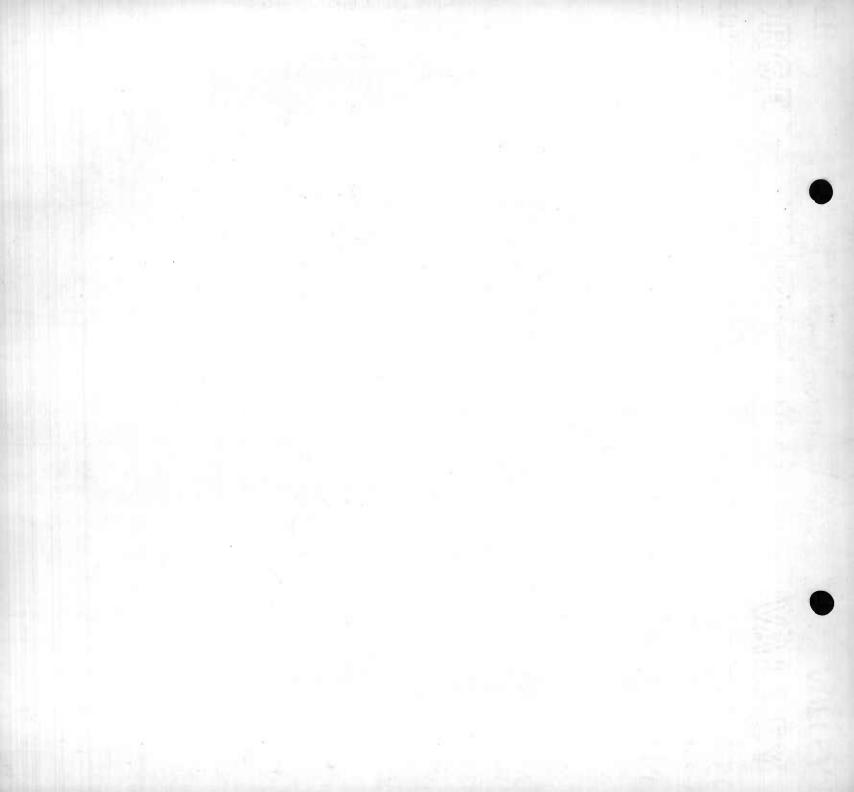
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DIRECTOR:

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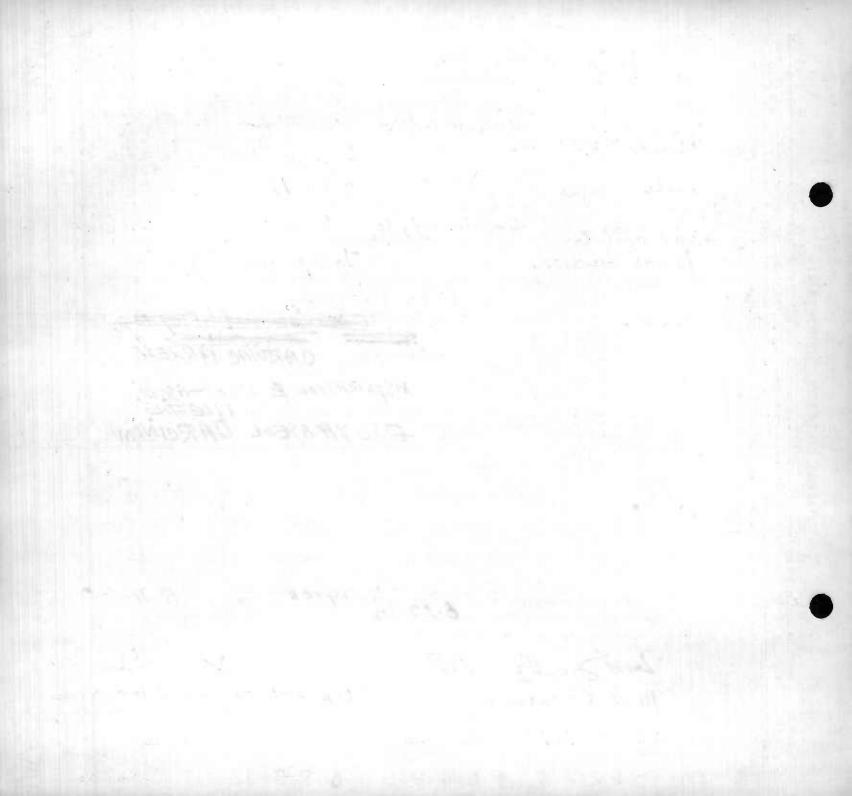
VS 150-REV. 1/1/68



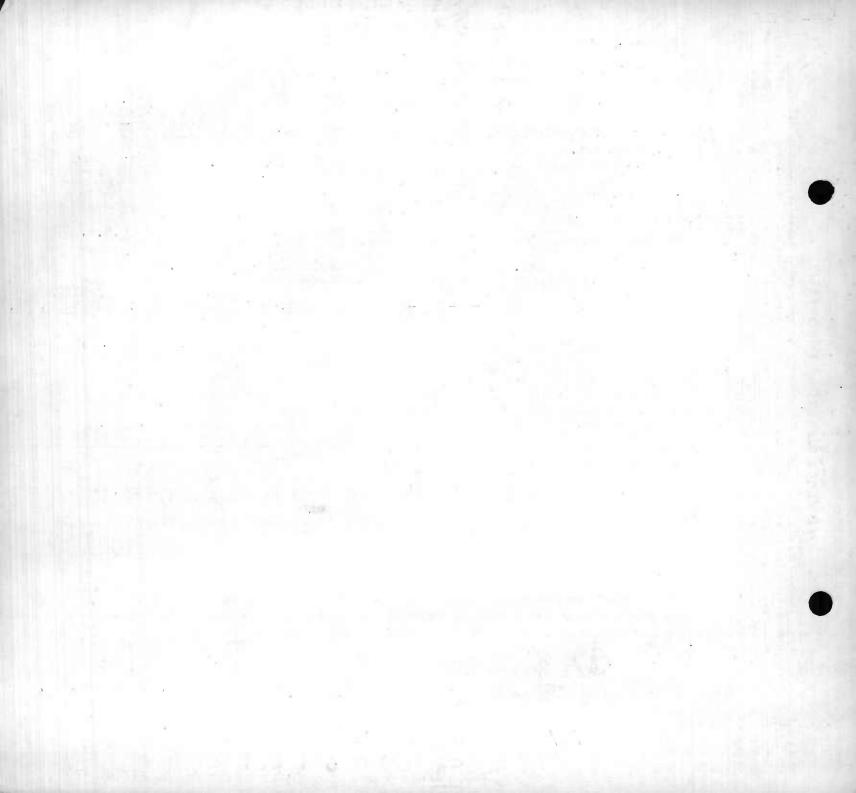
BIRTH NO.	1	MEDICA	L EXAMINER 3	LEKTIFICATE OF L	PEATH REG. NO.		
1. NAME OF DE	CEASED OSTER		FRIDAY	2. DATE Known // OF DEATH EstImoted	June 14, 19	1:1	5 A. M.
4. PLACE IN BA FULL NAME OF HOSPITAL			RONOUNCED DEAD STITUTION, GIVE STREET	3. DATE PRONOUNCED DEAD	June 14, 19	1:1	5 A. M.
OR INSTITUTION	721 Linder			5. USUAL RESIDENCE (Where de A. STATE Maryland	B. COUNTY	n: residence before oc	imission)
6. SEX Male	7. RACE Negro		RIED NEVER MARRIED WED DIVORCED	c. city of town Baltimore	D. INSIDE C	ES NO D	1
9. DATE OF BIRT		AGE (In years birthdoy) 66	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	e. Street AND NUMBER 1721 Linden Aven	ue	1	
	Stote or foreign con		12. CITIZEN OF UWHAT COUNTRY?	13. FATHER'S NAME		?	
14A.USUAL OCCU	UPATION (Give kind	of work 14B. KIN	D OF BUSINESS OR INDUSTRY	Y IS. MOTHER'S MAIDEN NAME		?	
	SED EVER IN U.S.			18. INFORMANT	A	DDRESS	
(100,100) 511111041	THE YES, GIVE WOT OF	doles of service	217-03-8054	Mrs Catherine	Smith, 4807		Ave
19.	. / i		CAUSE OF DEA	тн		APPROXIMAT	E INTERVAL ET AND DEATH
(This does heart failure	SE OR CONDITION LEADING TO DEA not meon the mode, osthenio, etc. It models in the models of the mode	ATH e of dying, e.g., eons the diseose,					
DISEASES RISE TO TH UNDERLYI OTHER SIGN TO THE DE	NTECEDENT CAU OR CONDITIONS IE ABOVE CAUSE IN NG CONDITION II NIFICANT CONDITION ATTHE BUT NOT RELA R CONDITION GIVE	, IF ANY, GIVING (A) STATING THI LAST. ONS CONTRIBL ATED TO THE TERM	(C)	AS A CONSEQUENCE OF:			
	F OPERATION 20	B. CONDITION	FOR WHICH OPERATION WA	AS PERFORMED		21. AUTOPSY? (Y	es or No)
UNDERLYING	RNAL CAUSE WAS G OR CONTRIB- AUSE OF DEATH.			in or obout 22C. WHERE DID (If i bldg., etc.) INJURY OCCUR?	n Boltimore City, give ex	oct location)	
OF INJURY (APPROX.)	(Month) (Doy)	(Year) (Ho	WHILE AT NOT	WHILE 22F. HOW DID INJU	RY OCCUR?	15	
	TURE ROTE	col causes K		de Homicide Un CHIEF MEDICAL EXA	MINER X	DATE S	1968
24A. BURIAL CRE REMOVAL (Spec	MATION, 24B.	DATE	24C. NAME of CEMETERY	ar CREMATORY 24D. LO	CATION (City, tow	n, or county) Md	(Stote)
Piriol 25 A. DATE REC'E	BY HEALTH DEFT	17/68 1. 258. 1	Mt Calvary NAME OF REGISTRAR	Cemetry 25C. FUNERAL DIRECTOR A Halstea	//	ADDRESS North Ave	
VS 1S1-REV. 1/1/6	В		9-0-6-0-	0 6 1 7 7			1

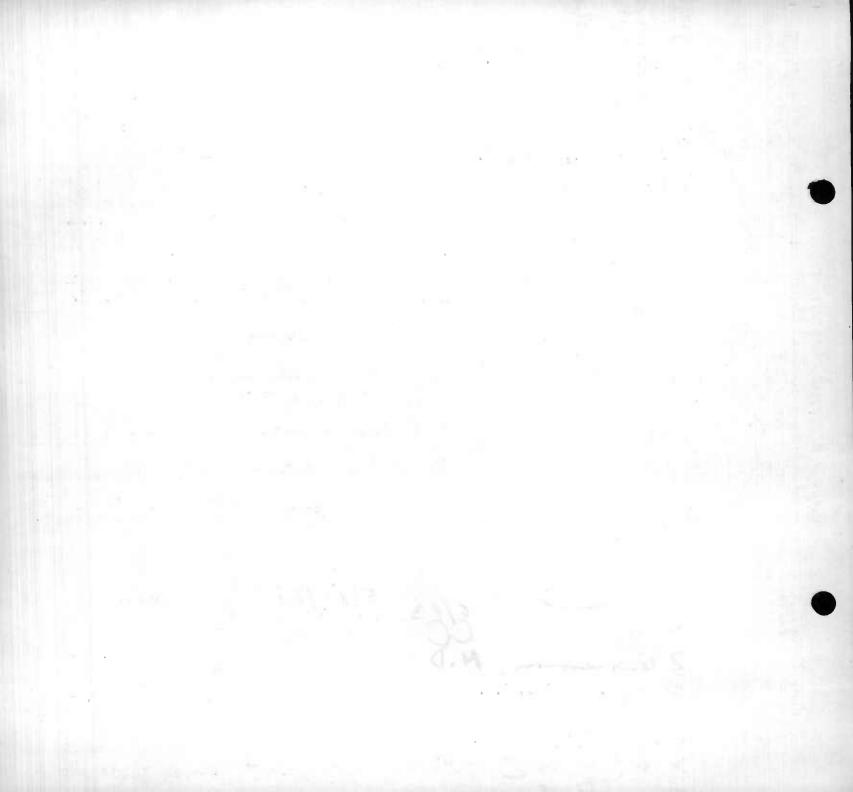
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CH .		00	0400	BALTIMORE CITY	HEALTH DEF	PARTMENT			
BIRTH	NO.	08-	010%	CERTIFICA	TE OF I	DEATH	REG. NO	66 (51.82
I. NAM	AE OF DECEASED	4	FIZTH,				HOUR OF DEATH	1 12	50 B
	CE IN BALTIMORE				4. USUAL RE	B. CQUNI	e deceased lived. If	institution: residence	e before admission
	NAME OF (IF NAME OF ADI	POT IN HOSPITAL ORESS OR LOCATION	LARYC	mo Hosp	C. CITY OR TO	own		SIDE CITY LIMITS?	№П
33	suro. 4	201, M	d.	mo Hosp	E. STREET AT	ND NUMBER	Ruing To.	7	2/2-23
S. SEX	ale 6. RACE	. 0 .	MARRIED	NEVER MARRIED DIVORCED	B. DATE OF B		AGE (In years	tf Under 1 Yr. Manths Days	tf Under 24 Hrs Haurs Min.
	aring most of working life	Give kind of work 10B	KIND OF B	TE Nfg. C.	11. BIRTHPLA	CE (State ar fareig	n cauntry)	/	WHAT COUNTR
1	THER'S NAME	an I	Teer	18 19.0	14. MOTHER	S MAIDEN NAM	e wy De		
15. Was	s Deceased Ever in User or unknown) (If yes,	J. S. Armed Forces?	1	6. SOCIAL	17. INFORMA		710	ADDR	RESS
18.		give wor or doles or	Selvice/	CAUSE OF DEAT	220	art,		ADDO	OXIMATE INTERVAL
(Ti	DISEASE OR CO LEADIN his does naf mean earl failure, asthenia, jury ar camplication	efc. If means the which caused dec	ng, e.g., disease,	(a) IMMEDIATE CAU DUE TO, OR AS	SE A CONSEQUEN	ARDIN EN & E	TO PHASE	The street	N ONSET AND DEAT
vis UI	ISEASES OR CON se to the above NDERLYING COND	cause (A) sta ITION last. II ONDITIONS CONTR	ing the	(B) DUE TO, OR AS	A CONSEQUE	NCE OF: ASEME	BARC	NomA	
A DIS	THE DEATH BUT NO SEASE OR CONDITION A. DATE OF OPERATION	N GIVEN IN PART +	(A). ON FOR WH	IICH OPERATION	20A. AUTO	OPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONS	SIDERED ?
OR DE	A. ACCIDENT WAS CONTRIBUTING	CAUSE OF	21 B. Pl hame, etc.)	ACE OF INJURY (e.g., i form, factory, street, a	n ar about 21 C.	WHERE DID URY OCCUR?	(If in Baltima	ore City, give exact	facation)
S OF	D. TIME (Manth) PPROX.)	(Day) (Year) (H	Vhile	At Not Whit		HOW DID INJU	JRY OCCUR?		
	. I certify that (I) at (I) (we) last say		tended the		19		9ta5 t In(my) (aur) ap	-//-68 Union death acc	urred an the da
	A. SIGNATURE	Dry els	abave. (1)	(We) (did) (did not) v	nding 🔲		Shaff Phys.	23B DATE SIGN	14-68
	C.PHYSICIAN'S	GONZA	162	- DEGREE	ON I	versit	y of Ma	1. /tospi	m
	URIAL CREMATION, EMOVAL (Specify) Eurial	6/18/68		ME of CEMETERY OF CRI		M	orth Caro		
	PATE REC'D BY HEAL	1968 R 2	NAME OF	REGISTRAR	25C. FUNI	Haloten	1206 W	North Ax	DORESS



VS 150-REV. 1/1/68





This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the

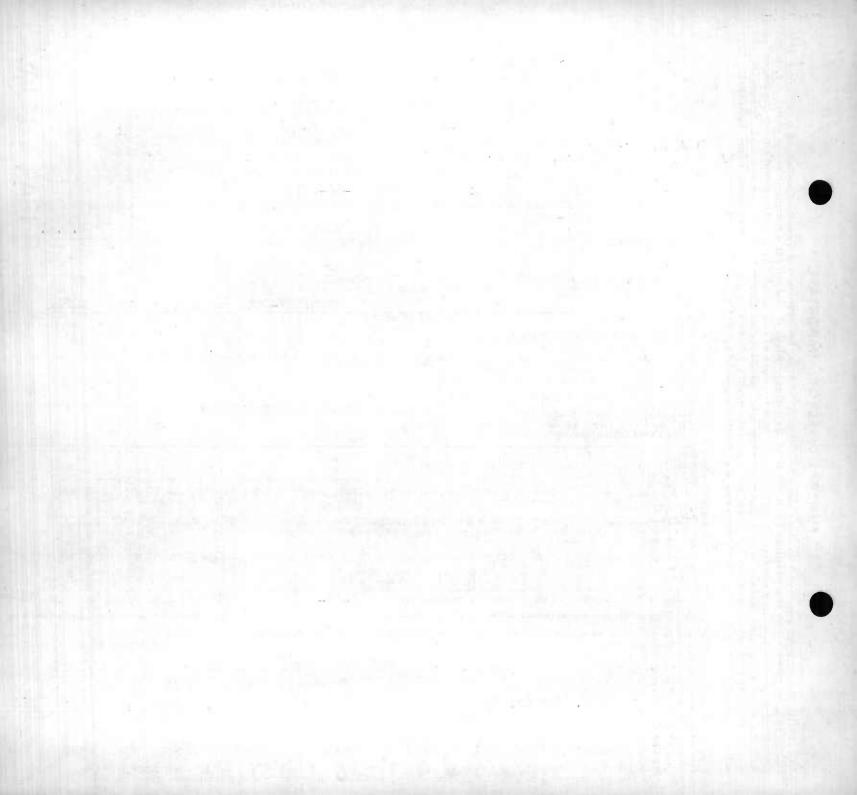
the body was released to the hospital by a medical

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

00-	6185

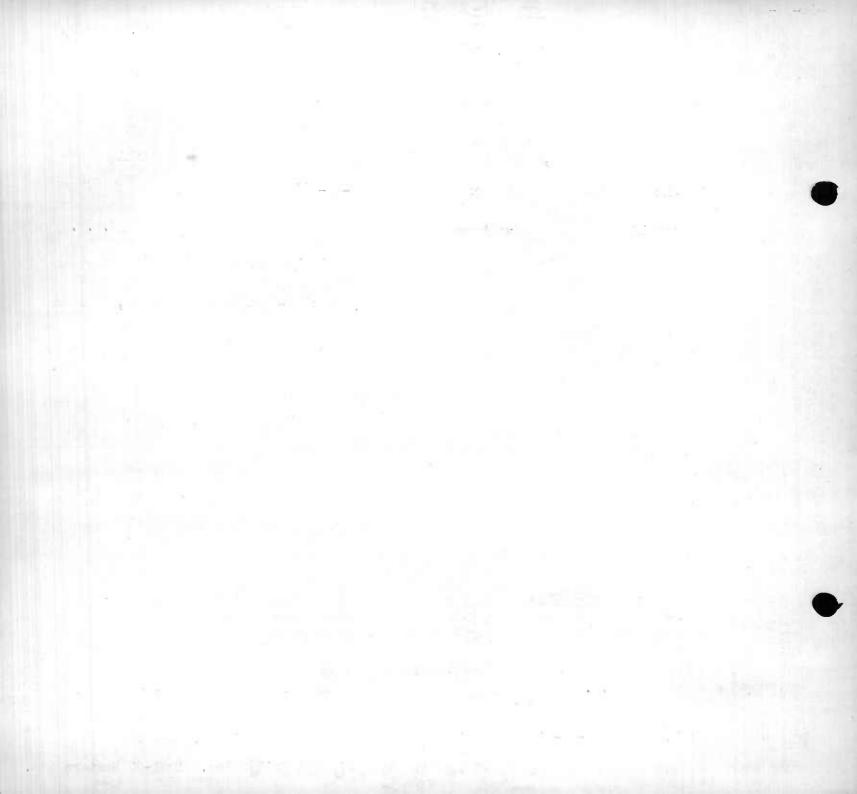
1. N	TH NO. AME OF DEC					2. DATE AND	HOUR OF DEATH	
			arie Tayl			6-	15-68	() // A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)					A. STATE Marylan	nd	2	stitution: residence before odmissi
3	/	Baltimore 4940 Easte			Baltimo			YES 🔀 NO 🗌
	1	Baltimore	Maryland	21224	905 Bet	thune Ro	ad 212	25
5. s Fe	male	6. RACE Negro	7. MARRIEL WIDOWE	NEVER MARRIED DIVORCED DIVORCED	9-14-19	los	AGE (In years st birthdoy) 52	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	during most of	working life, even il ret		OF BUSINESS OR INDUSTRY	Pennsy		country)	12. CITIZEN OF WHAT COUNTY
13.	FATHER'S NA	stic ME	N.	2	14. MOTHER'S		Edna S	
15. V	Was Deceased	Ever in U. S. Arme	d Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
		, , , , , , , , , , , , , , , , , , , ,		JECOKIII NO.	Records:1	BCH-4940	Eastern A	venue 21224
U	OTHER SIGNII	obove couse CONDITION los II CICANT CONDITIONS H BUT NOT RELATED ONDITION GIVEN II OPERATION 198.	CONTRIBUTING TO THE TERMINAL N PART 1 (A).	(c)		Y? (Yes or No)	20B. IF YES. WERE	FINDINGS CONSIDERED
ERTIFI	0		PERFORMED		NO		IN CERTIFYING CA	USES OF DEATH?
CALC	OR CONTRIBI	TWAS UNDERLY! JTING CAUSE OI medicol exominer	ho	B. PLACE OF INJURY (e.g., ome, form, foctory, street, c.,)	ffice bldg., INJURY	HERE DID OCCUR?	(If in Baltimor	e City, give exact location)
	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (W	E. INJURY OCCURRED /hile At	le 🗀	OW DID INJUI	RY OCCUR?	
	,	that (I) (this has last sow the dec		the deceased from 6/15/	4-18- 19 68		68 to 6	nion deoth occurred on the c
	and hour on		stated above.	Phy	ending M		raff.	238 DATE SIGNED 6/15/1968
	Nea			OEGREE	23D. ADDRESS			
	23C. PHYSICIA NAME (1	ype)	arborough	OEGREE				y Mospitals hore, Maryland 2122
		Dowd J. Y.	, -	OEGREE NAME OF CEMETERY OF CR	4940 Eas		nue, Baltim	y Hospitals
24A	Burial CRE	Dowd J. Y.	/68 M	NAME OF CEMETERY OF CR	4940 Eas	tern Ave	nue, Baltim	y Hospitals hore, Maryland 212



VS 150-REV. 1/1/68

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BIRTH NO.		618	CERTIFICA	TE OF DEAT	TH REG. NO	
	CED 324 53	- A			TE AND HOUR OF DEAT	00 0701
1. NAME OF DECEA	MAN AGN	Y A.	HOWARD toward			Ann M.
				4. USUAL RESIDENCE	(Where deceased lived. If	institution: residence before admission)
FULL NAME OF	(IF NOT IN HOSPITA	L OR INSTITUTION)	TION, GIVE STREET		la W	26-34
INSTITUTION				Baltimore	D. IN	YES X NO
31						21224
5. SEX 16.						If Under 1 Yr., If Under 24 Hrs.
Female	White	_		7-11-1880	lost birthday 87	Months Days Hours Min.
		OB. KIND OF	BUSINESS OR INDUSTRY		ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
Housewif	е	Own h	ome			U.S.A.
13. FATHER'S NAME		er Welc	h		36 7	ີ
15. Was Deceased Ev (Yes, no ar unknawn)	ver in U. S. Armed Forc f yes, give war ar dates	es? af service)	16. SOCIAL SECURITY NO.	17. INFORMANT Records: BCH-	-4940 Eastern	Appress Avenue, 21224
UNDERLYING 3 3 / X OTHER SIGNIFICATOR TO THE DEATH DISEASE OR CONTRIBUTI OR CONTRIBUTI DEATH (notify m	meon the mode of sthenia, etc. It meons icalion which caused ITECEDENT CAUSES CONDITIONS, if a above cause (A) CONDITION lost. II ANT CONDITIONS CONBUT NOT RELATED TO THE NOTING IN PART OPERATION 198. CONDITION PART OPERATION 198. CONDITION GIVEN IN PART OPERATION GIVEN IN PART OPERA	dying, e.g., the disease, death.) Iny, giving stating the ITRIBUTING E TERMINAL 1 (A). DITON FOR WORKED 21B. hame etc.) (Hourl 21E. Whil	(B) C DUE TO, OR AS (C) PHICH OPERATION PLACE OF INJURY (e.g., form, factory, street, or injury occurred le At Not White	20A. AUTOPSY? (Yes	or No) 20B, IF YES, WER IN CERTIFYING COUR?	T.B. EFINDINGS CONSIDERED CAUSES OF DEATH?
that (we) loand haur and f 23A. SIGN ATURE 23C. PHYSICIAN NAME (Type 24A. BURIAL CREMA REMOVAL (Spe Burial	ram the causes state Lenno V. A. Lenno V. A. Lenno ATION, 24B, DATE 6-19-196	d alive an ed abave. (I)	MB. Ath Source Phy MB BS DEGREE Phy MB BS DEGREE PHY OF CR	ending Med. Director 23D. ADDRESS 4940 C(-BA-T) EMATORY	Eastern Avenue Carty Baltimore, Ma	(City, tawn, ar county) /(State)
1	TOTHE SIGNIFIC TO THE DEATH (notify muse to the UNDERLYING JIA. ACCIDENT OR CONTRIBUTE OF INJURY (APPROX.) 21A. SIGNATURE 21A. SIGNATURE 21A. SIGNATURE 21A. ACCIDENT OR CONTRIBUTE OF INJURY (APPROX.) 21A. SIGNATURE 21A. SIGNATURE 21A. SIGNATURE 21A. ACCIDENT OR CONTRIBUTE OF INJURY (APPROX.) 21A. SIGNATURE	3. PLACE IN BALTIMORE, MARYLAND, WI FULL NAME OF HOSPITAL OR INSTITUTION Baltimore C 4940 Easter Baltimore, M 5. SEX 6. RACE Female White 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 13. FATHER'S NAME Webst 15. Was Deceased Ever in U. S. Armed Force (Yes, no ar unknawn) (If yes, give war ar dates No 18. DISEASE OR CONDITION DIR LEADING TO DEATH (This does not meon the mode of heart failure, asthenia, etc. II meons injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or tise to the above cause (A) UNDERLYING CONDITION lost. 33/X 11 OTHER SIGNIFICANT CONDITIONS CONTO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 198. CONE WAS PERFORM (APPROX.) 21A. ACCIDENT WAS UNDERLYING OR CONTIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTIBUTING CONTIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING CONTIBUTION (Pear) 21A. BURIAL CREMATION, 24B. DATE 23C. PHYSICIAN'S NAME (Specify) BURIAL CREMATION, 24B. DATE 24A. BURIAL CREMATION, 24B. DATE 25C. PHYSICIAN'S NAME (Specify) BURIAL CREMATION, 24B. DATE 26 DEATH (Specify) 27 DEATH (Specify)	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUTED TO THE ITEMINAL OR INSTITUTION BALTIMORE, MARYLAND, WHERE PRONOUTED TO THE ITEMINAL OR INSTITUTION BALTIMORE City Hose 4940 Eastern Avenue Baltimore, Maryland 4940 Eastern Avenue Baltimore, Maryland 6000 Eastern Avenue Baltimore City Hose Eastern Avenu	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OF HOSPITALOR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Baltimore City Hospitals 4940 Eastern Avenue Baltimore, Maryland 21224 5. SEX 6. RACE Female White Widowed 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY dene during most of working life, even if relired) Housewife 13. FATHER'S NAME Webster Welch 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 18.	3. PLACE IN BALTIMORE, MARILAND, WHERE PRONOUNCED DEAD WILL NAME OF ADDRESS OR LOCATION! Baltimore City Hospitals 4940 Eastern Avenue Baltimore Maryland 21224 950 Armste White S. SEX S. RACE White White Whowed Divorced Divorced Divorced Maryland General Maryland Maryland 13. James John Num 950 Armste Whospitals S. DATE OF BIRTH WHOWED DIVORCED DIVORCED NEVER MARRIED Maryland 14. MOTHER'S NAME Webster Welch Maryland 15. Wes. Deceased Ever in U. S. Armsd Forces? Yes. no arounnown of U. yes, give war or dates of service) NO 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, asthenic, etc.) It means the disease, injury or complication which coused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) staining the UNDERLYING CONDITION lost. NO OUT HOME 17. ACCIDENT WAS UNDERLYING DISTACE OF CONDITION OF ELATED TO THE TERMINAL OF INJURY (G. D. THE TERMINAL	PULL NAME OF HOSPITAL OR PRODUCED DEAD FULL NAME OF HOSPITAL OR PROTECTIVE ACTION OF STREET HOSPITAL OR PRODUCED DEAD FULL NAME OF HOSPITAL OR PROTECTIVE ACTION OF STREET HOSPITAL OR PRODUCED TO THE STREET HOSPITAL OR PRODUC



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till , man Day Bath war JOH ZURAPHIE HOS 4007 Patemen Aug 8 12-15-0 N J - wandlast BEDTERM ROBBILLION Charley. Aurist Froid Blank Colle -amelia) Retrauleur Cell Grundunt of NOWE OU MONE 43 22 24 Sets -21-7 Figal MY. (Odoms will 2/-0 TOBER HOREILS HOLE

Herbert E. Nutter 3035 W. North Ave.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO BIRTH NO. 1. NAME OF DECEASED 2. DATE Known K Month M. (Type or Print) OF 68 11:55 PM 6 14 HARRY BRUCE Sr. Estimoted DEATH DATE 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Day Yeor PRONOUNCED DEAD June FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 1968 14 11:55 HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, If Institution; residence before admission) A. STATE B. COUNTY 1400 E. Balto. St. D.O.A. Maryland 6. SEX C. CITY OR TOWN D. INSIDE CITY HMUS? B. MARRIED NEVER MARRIED WIDOWED FF Colored malto. Male DIVORCED NO YES 10. AGE (In years lost birthday) If Under 1 Yr. If Under 24 Hrs. 9. DATE OF BIRTH E. STREET AND NUMBER Months | Days , Hours | Min. 1400 E. Balto. St. 67 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Harry Bruce U.S.A. Baltimore MD. U.S.A.

14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) Maintaince Man Temple Garden Apt France 16. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. 18. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) Yes 17-14-5338 Mrs Carol Malone 1611 Dukeland St. APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE Carcinoma of the colon (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) **ANTECEDENT CAUSES** DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) CERTIFI 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (If in Boltimore City, give exact location) hame, form, factory, street, office bldg., etc.) INJURY OCCUR? 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. TIME (Month) (Dov) (Yeor) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY WHILE AT [NOT WHILE P (APPROX.) WORK AT WORK 23. Inspection XX Autopsy I certify that I held an Inquiry ond that on this basis, death in my opinion Suicide resulted from: Natural causes Accident Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER XX SIGNATURE ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** Edward F. Wilson, M.D. June 15, 1968 NAME (Type) 24A. BURIAL CREMATION, 24C. NAME of CEMETERY or CREMATORY 24B. DATE 24D. LOCATION (City, town, or county) REMOVAL (Specify) Burial 68 Baltimore National Cem. Baltimore, CO. MD. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR **ADDRESS** 25A. DATE REC'D BY HEALTH DEPT.

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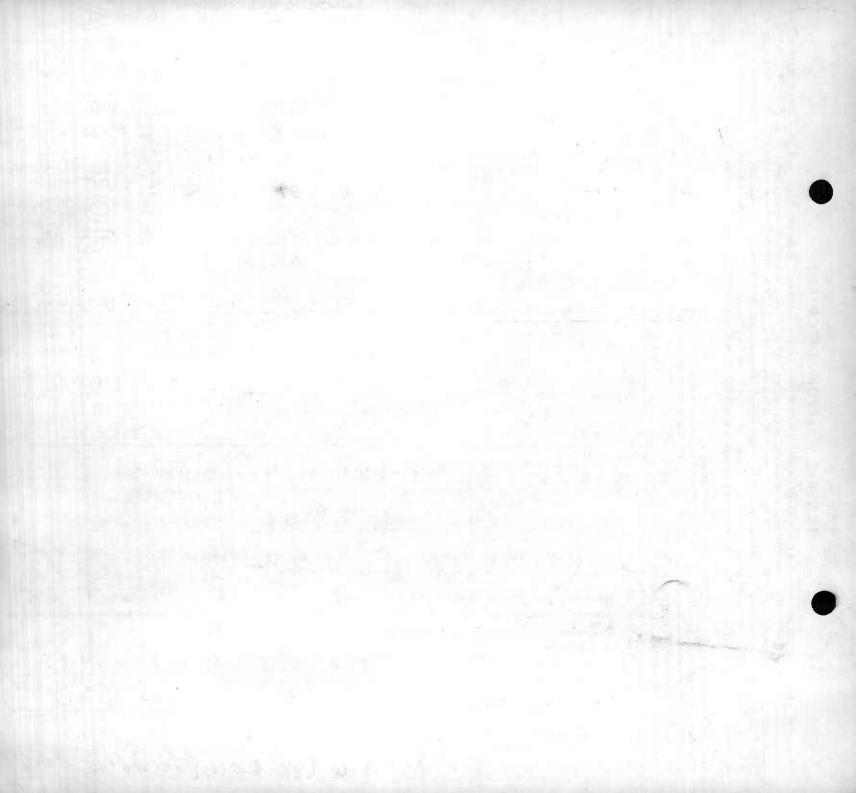
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMI	NER'S CER	PTIFICATE OF DEATH	68- 6192
BIRTH NO.			
1. NAME OF DECEASED (Type or Print) NELLIE BAKER	TELITO	OF	14,1968 10:15 Am.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED I FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE S HOSPITAL ADDRESS OR LOCATION)			14,1968 Hour 10:15 A.
JQHNS HOPKINS HOSPITAL		USUAL RESIDENCE (Where deceased lived. If STATE Maryland B. CC	institution: residence before odmission)
6. SEX 7. RACE 8. MARRIED NEVER Negro WIDOWED D	MAKKIED [CITY OR TOWN D. IN	VES NO D
9. DATE OF BIRTH 10. AGE (In veers If Under 1 Yr. If last birthd 33 Months Days	Under 24 Hrs. E. S	STREET AND NUMBER 509 E. Federal Street	11329 110
11. BIRTHPLACE (State or foreign country) 12. CITIZEN O WHAT COL		FATHER'S NAME MCLEAN BAK	EP
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS	OR INDUSTRY 15.	MOTHER'S MAIDEN NAME	
dane during most of working life, even if retired) Clothing	May E	dith TAYlor	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no of unknown) (If yes, give war or dates af service) 17. SOCI SECU	IRITY NO.	NELYN FAULKNER 15	ADDRESS HARford AVI
19.1 C.	AUSE OF DEATH		APPROXIMATE INTERVAL
	Arteriosle	erotic Cardiovascular Di	ISEASE
(This does not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease,	DUE TO, OR AS A	SE CONSEQUENCE OF:	
injury ar complication which caused death.)			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	-/		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	DED ATIONI WAS D	PEDEODMED	21. AUTOPSY? (Yes or No)
PA .	PERAHON WAS P	PERFORMED	Yes (head only)
O INDERIVING TOP CONTRIR. home, farm, foct	INJURY (e.g., in or ory, street, office bld	or obout 22C. WHERE DID (If in Baltimare City dg., etc.) INJURY OCCUR?	, give exact lacation)
OF INTURY	OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROX.) wHILE AT 23.	head o		
I certify that I held an Inquiry Inspect			h in my apinian
resulted fram: Natural causes 🗵 Accident	Suicide	☐ Hamicide ☐ Undetermined m CHIEF MEDICAL EXAMINER ☐	nanner 🔲
SIGNATURE Sured U Kanb	h	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S Ronald N. Kornblum NAME (Type)	,M.D.	ASSOCIATE MEDICAL EXAMINER	June 14, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify) 6/19/68 MT.	of CEMETERY or C	CREMATORY 24D. LOCATION (1)	City, have or county) (Style)
25A. DATE REC'D BY HEALTH 1967 25B. NAME OF REGIS	STRAR COLUMN	osen b. Lock H	1304 n. Central Git
VE 151 DEV 1/1/49	- (n	1500	1

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1)		~	

	C'S CERTIFICATE OF DEATH REG. NO.
IRTH NO.	
NAME OF DECEASED ype or Print)	2. DATE Known Month Doy Yeor Hour
RICHARD JOHNSON	DEATH Estimoted 6 15 68 9:30 a.M.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
OSPITAL ADDRESS OR LOCATION) R INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
	A. STATE B. COUNTY
2626 Puget St.	Mary land D. INSIDE CITY LIMITS?
SEX 7. RACE 8. MARRIED NEVER MARRI	ED C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Colored WIDOWED DIVORC	- Ballo
10/31/99 loss birthdov Months Doys Hours	
. BIRTHPLACE (State or foreign country) 12. Cf1fZEN OF	13. FATHER'S NAME
Maryland WHAT COUNTRY?	Rubin Johndon
Maryland A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INI	
one during most of working life, even if retired)	
Laborer	Mary Robinson
. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
s, MAS DECEASED EVER IN U.S. ARMED FORCES? es, no or unknown) (If yes, give wor or dotes of service) SECURITY N	Helen Johnson 2626 Puget St.
CAUSE O	OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	DIATE CAUSE Carcinoma of the rectum
(This does not mean the made of dying, e.g.,	EDIATE CAUSE Carcinoma of the rectum TO, OR AS A CONSEQUENCE OF:
heort foilure, osthenio, etc. It meons the disease, injury or complication which coused death.)	
injury or complication which coosed death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	TO, OR AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
C)	***************************************
1548 11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
IO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	000 00000 00 0000 000 000 000 000 000
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATI	ON WAS PERFORMED 21. AUTOPSY? (Yes or No)
\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	or the fell office
	No
	RY (e.g., In or obout 22C. WHERE DID (If in Boltimore City, give exoct location)
S S S S S S S S S S S S S S S S S S S	eet, office bldg., etc.) INJURY OCCUR?
UTING L CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCL	JRRED 22F. HOW DID INJURY OCCUR?
OF INJURY	NOT WHILE [
(APPROX.)	AT WORK
23.	
I certify that I held an Inquiry Inspection X	X Autapsy and that an this basis, death In my apinian
moulted from Natural source XIX Assident	Suicide Hamicide Undetermined manner
resotted fidili. Individe cooses [141. Accident	
ACTUAL SALL A TAILAGE	CHIEF MEDICAL EXAMINER L
SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Edward F. Wilson, M.D.	- 46 4060
	METERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 6/19/68 Mt. Aubu	ern Baltimore, Md.
5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
111N 17 1968 Robert E. Jan	L. A.B.
JAIN T (1200 Mingen 2,	Charles A. Rice 661 W. Barre St.

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Mary Robinson Sege Foget St.

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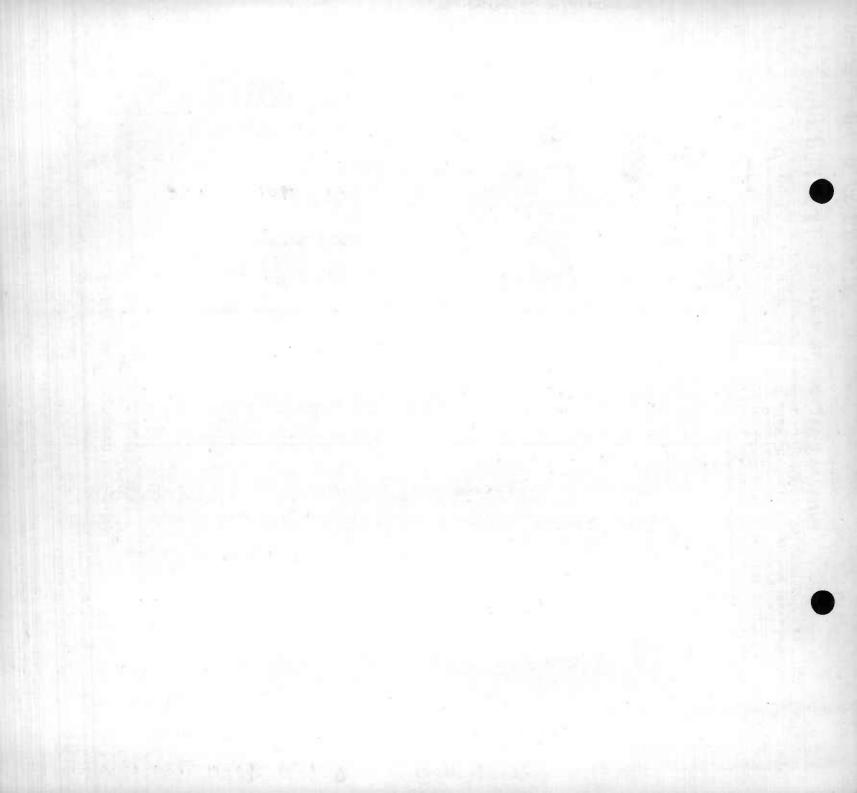
fal 8/19/60 Mt. Adburn

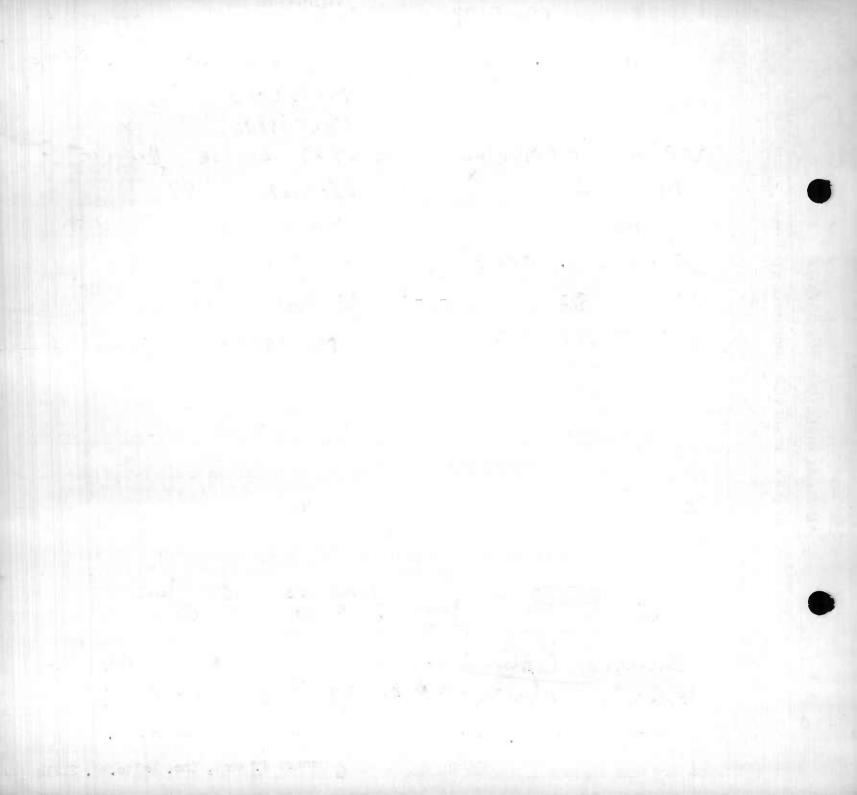
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Baltimore, Md.

Charles A. Hos 661 a. Barrel It.

18 3 17402 4 -- 15 14 36.260 KERTH CAROLINA LEWIS CLARK A14 R.K. 202-10-000 4 17-6-7 39-8-3 Charle beauxiplemen 1.) BHRISTINA L BARCHR- FELLCERDO M. D. FRANKEIN SEC. 115





68- 6198 BALTIMORE CITY HEALTH DEPARTMENT

68- 6198

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH
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MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO	
1. NAME OF DECEASED (Type or Print) WILLIAM D. DRISCOLL	2. DATE Known Month Doy OF Estimoted	Yeor Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Polham	PRONOUNCED DEAD June 13, 5. USUAL RESIDENCE (Where deceased lived. If institution: r	1968 1:05 P. M. esidence before odmission)
OU 2835 Person Avenue	A. STATE Maryland B. COUNTY	7-01
6. SEX Male 7. RACE 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore D. INSIDE CITY	
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	t' NO L
Sept. 29,1904 63'	2835 Pelham Avenue	
11. BIRTHPLACE (Stote or foreign country) Maryland 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	Michael Driscoll	
done during most of working life, even if retired)		
OLLICE Tranager Md Casualty Co 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADD	RESS
Yes WW 11 212-10-3522	Miss Anna Jennings 2845 Pelh	
19. 571.0 I CAUSE OF DEA	тн	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE C	s cirrhosis with fatty metamorp	hosis
	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:)
OF COMMENS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W/		
. 4	AS PERFORMED	Yes Yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. home, form, foctory, street, office uting Cause of Death.	In or obout 22C. WHERE DID (If in Bollimore City, give exoct bldg., etc.)	locotion)
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX) (APPROX)	WHILE	
23.	topsy 🗓 ond that on this basis, death In my as	pinion
resulted from: Natural causes Accident Suicid		
ACTUAL SIGNATURE MONTHS M.D.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	. DATE SIGNED
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER U June	e 13, 1968
24A. BURIAL CREMATION, REMOVAL (Specify) 24B, DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, of	or county) (State)
Burial 6/17/68 New Cathedral 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Baltimore, Maryle 25C. FUNERAL DIRECTOR	and
JUN 17 1968 Reliable & Salley 19	Leonard J Ruck Inc Baltimon	
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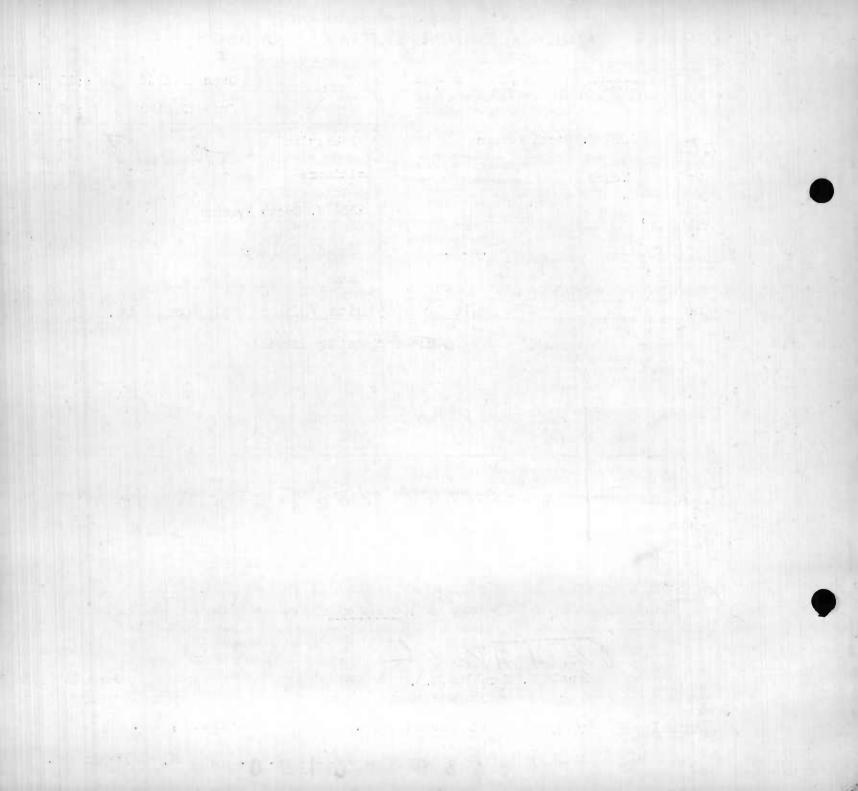
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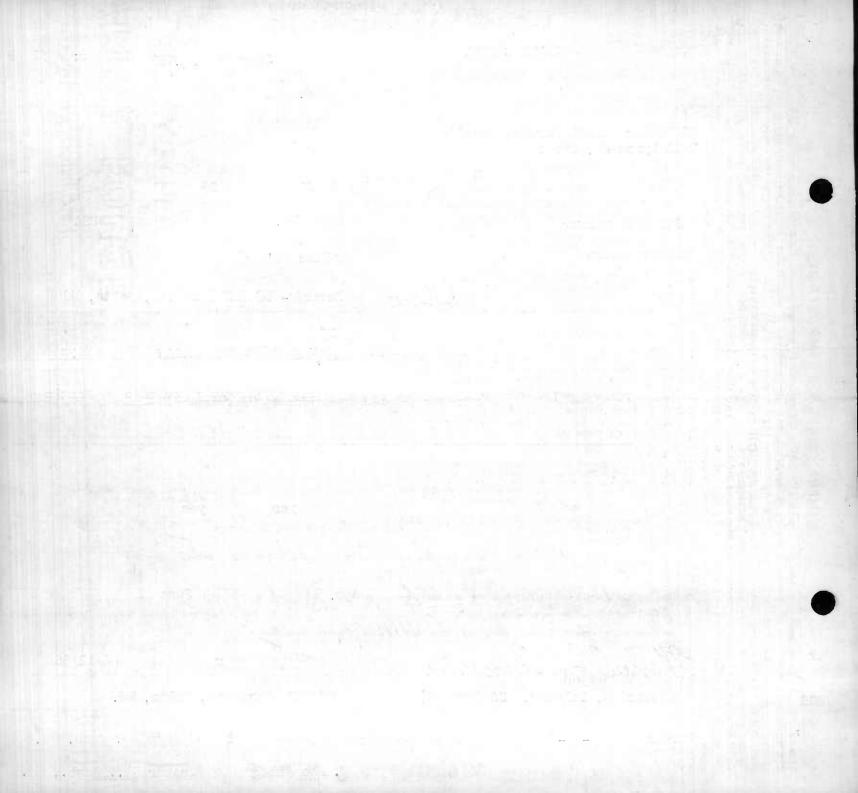
68-	6200

BII	RTH NO.		MED	ICAL	EXAMINER	5	CERTIFIC	CATE	OF DEAT	H REG. NO		0.000
_	NAME OF DEC	EASED	-				2. DATE	Known [Month	Doy	Yeor	Hour
(Ty	pe or Print)	VILLIAM	ſ	LEF	PALMER		OF DEATH	Estimoted		e 13,196		6:15 P.M.
4.					NOUNCED DEAD		3. DATE		Month	Doy	Yeor	Hour M.
FU	LL NAME OF	(IF NO		AL OR INSTIT	UTION, GIVE STREET			JNCED DEAL				6:15 P.
0	NOTUTUTON	1334 W	. Nort	h Aver	nue			aryland	Where deceosed I	B. COUNTY	residence	efore odmission
6.	SEX	7. RACE		B. MARRIE	DE NEVER MARRIE	рП	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?	0
L	Male	Negro		WIDOWE	D DIVORCE	D 🗆	Baltin			YE	s 🖫	NO 🗆
9.	DATE OF BIRTH	Н	lost birthdo	y) o O	f Under 1 Yr. If Under 2 Nonths ; Doys ; Hours ;			ND NUMBE				
		1940		728		1	1334	W. Nor	th Avenu	e		
11.	BIRTHPLACE (S	tote or foreig	on country)	12	2. CITIZEN OF WHAT COUNTRY?		13. FATHER	S NAME				
L	Mary:	land			J.S.A.		Mea	de Pa	lmer			
dor	USUAL OCCU: e during most of w	PATION (Giv rorking life, ev	e kind of work en if retired)	14B. KIND	OF BUSINESS OR INC	OUSTR'	15. MOTHE	R'S MAIDEN	NAME			
			,				Eva					
16.	WAS DECEASI	ED EVER IN	U.S. ARMEI	FORCES?	17. SOCIAL SECURITY NO	0	18. INFOR	TANT		AD	DRESS	
	no	(II yes, give	wor or doles	or service)	216 36 0	086	9Edita	Palme	er 851	George	St.	
	19. 4 20	Y .			CAUSE O						API	PROXIMATE INTERVAL
	DISEASI	E OR COND	ITION DIRE	CTIV	Inte	ers	titial 1	Mvocard	litis		02	eer order mas seniii
		LEADING TO		CILI								
	heort foilure,	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)									a, a apatan papatan aran 9 memberan andria an 9 m s	
NOI	DISEASES O	NTECEDENT OR CONDITI E ABOVE CA NG CONDIT	ONS, IF AN'	Y, GIVING TING THE	(B)(C)	O, OR	AS A CONSE	QUENCE OF:				
CERTIFICATION	OTHER SIGN TO THE DEA DISEASE OR	TH BUT NO	NDITIONS C	THE TERMIN								
RT	20 A. DATE OF				OR WHICH OPERATIO	W NC	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
Ö	2											yes
MEDICAL	22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location)											
Σ	OF INJURY		Doy) (Yeo	r) (Hour)	22E.INJURY OCCU		WHILE .	2F. HOW DI	D INJURY OCC	UR?		
	(APPROX.)			n	. WORK		ORK					
		23. I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion										
	result	resulted from: Notural causes X Accident Suicide Homicide Undetermined monner										
	ACTUAL SIGNATI	IRE S	Just	1 21	Karb	MI			CAL EXAMINER	\mathbf{x}		DATE SIGNED
E	EXAMINI NAME (T	ER'S	Ronald	N. Ko	rnblum,M.D.		ASSC	CIATE MEDI	CAL EXAMINER		Ju	ne 14, 196
	A. BURIAL CREA MOVAL (Specif		24B. DATE		24C. NAME of CEM	ETERY	or CREMATO	PRY	24D. LOCATION		, or county)	(Stote)
	Burial		6/17/		Mt Aubur	n (nore, Mo		
25	A. DATE REC'D	- 4		25B. NA	ME OF REGISTRAR		25C.	FUNERAL DI	RECTOR	Al	DDRESS	
	J	UN 17	1968	Rober	B. E. Farky	14.3	Ke:	lson F	· H. 13	348 N.	Calho	un St.
VS	151-REV. 1/1/68	3		1	-		. 0					



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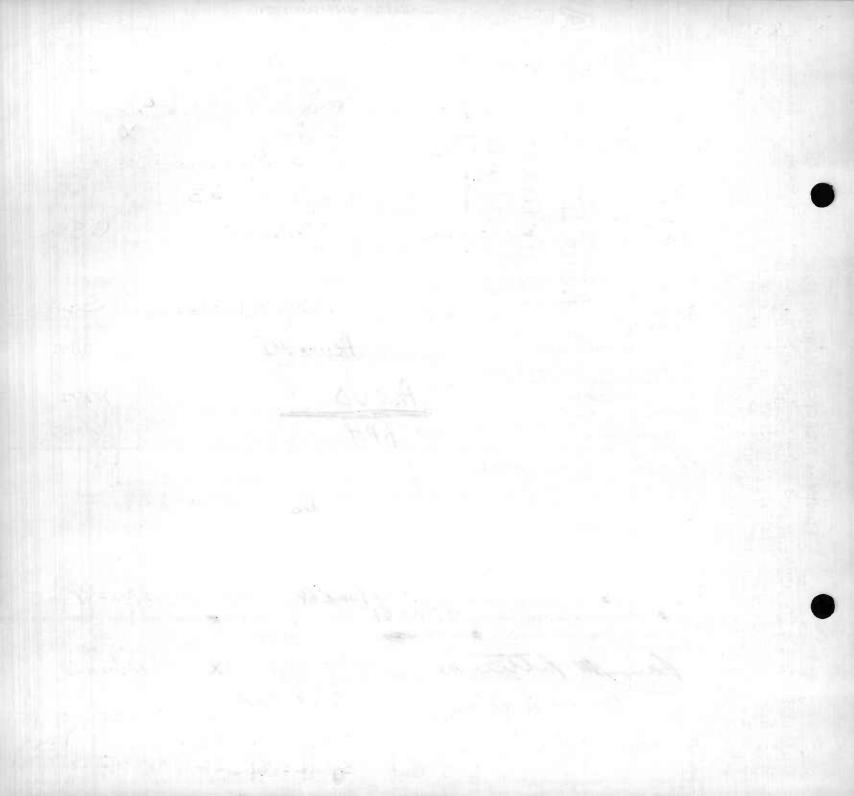
-	2 = 1	68- 6202 BALTIMORE CITY HEALTH DEPARTMENT 68- 6202		
<u></u>	5 + 5 + 5	TH NO. 68-6202 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 68-6202		
- Pose	al and death ceased on the . Such	DAVID CESSNA 2. DATE AND HOUR OF DEATH June 11 , 1968 6: 52	P	
	hospita ise of (5) Dec ance c death.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admit B. COUNTY Md.	ssion)	
	cause use; (5) tendanc	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) SEPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN TIS Public Hoalth Sonvice Hospital NO X	1	
	e de la composition della comp	US Public Health Service Hospital 3100 Wyman Pk. Drive Plintstone No No		
•	ntribut mined egular used p	Male White WIDOWED DIVORCED 5/21/42 26	Hrs.	
	or cor ndeter s in redeced	USA OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Saw mill worker Saw Mill Md. USA	NTRY?	
-	rect (4) U was the spos	FATHER'S NAME Wilbur Cessna 14. MOTHER'S MAIDEN NAME Ethel O'Neal	H	
IMPORTANI	lical examiner o cal examiner. ns; (3) A fracture ician who pron as in regular a	No Decessed Ever in U. S. Armed Forces? S,no of unknown) (If yes, give war ar dotes of service) No Records— US PHS Hospital, Balto, Md		
DIRECTOR:		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does nal mean the mode at dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving ise to the abave cause (A) stating the UNDERLYING CONDITION lost. Office Significant conditions Contributing To the DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION IPRE CONDITION FOR WHICH OPERATION DISEASE OR CONDITION OF THE TERMINAL DISEASE OR CONDITION TO THE TERMINAL DISEASE OR CONDITION IPRE CONDITION FOR WHICH OPERATION (A) IMMEDIATE CAUSE Acute pulmonary edema Days Acute lymphocytic leukemia Months (B) DUE TO, OR AS A CONSEQUENCE OF: (C) (C) (C) (C) (C) (C) (D) (C) (D) (C) (C		
FUNERAL	by a 2) Bod re the the physic fore th	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, office bldg., [INJURY OCCUR?]		
	ved by the hospital nature; (cept where def) where ained bef	DEATH (natify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED While At Not White At Work		
	appro to the fany I (exc); an	22. I certify that (f) (this haspital) attended the deceased from Apr. 1 1968 to June 11 1968 that (f) (we) last saw the deceased alive an June 11 1968 and that in (my) (aur) apinion death accurred an the and hour and from the causes stated above. (1) (We) (did) (did /of) view the bady after death.		
RGB	ficate must be was released to An accident o A. at a hospita prior to death pproval must be	23A_SIGNATURE Attending Med. Shoff \(\tilde{\text{SNoff}} \(\tilde{\text{SNoff}} \(\tilde{\text{SNoff}} \) \(\tilde{\text{Colorestor}} \) \(\tilde{\text{Attending}} \) \(\tilde{\text{Med.}} \) \(\tilde{\text{SNoff}} \) \(
	body vs: (1) D.O. peased	Burial Cremation, 24B. Date 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Streen of Cemetery RFD# 2 Allegany Co. Cumb. Md. Date rec'd by Health Dept. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	ote)	
	This of the bashow was decen	150-REV. 1/1/88 17 1968 P. C. 62 Stoller O H. Lee Silcox 404 Decatur St., Cumb., M		



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VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

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Hours

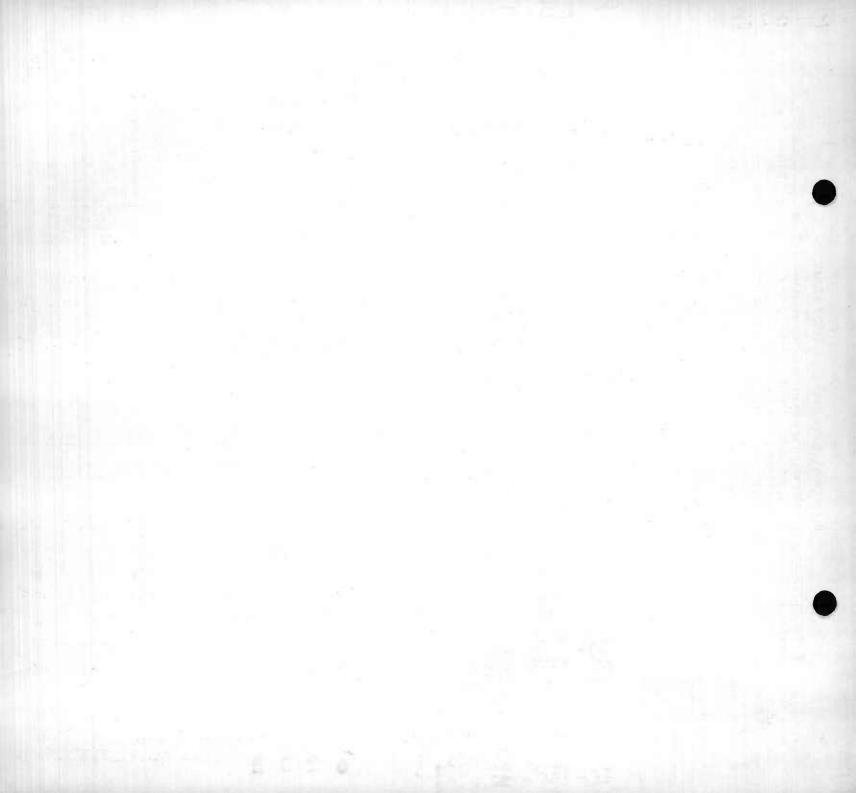
BETWEEN ONSET AND DEATH

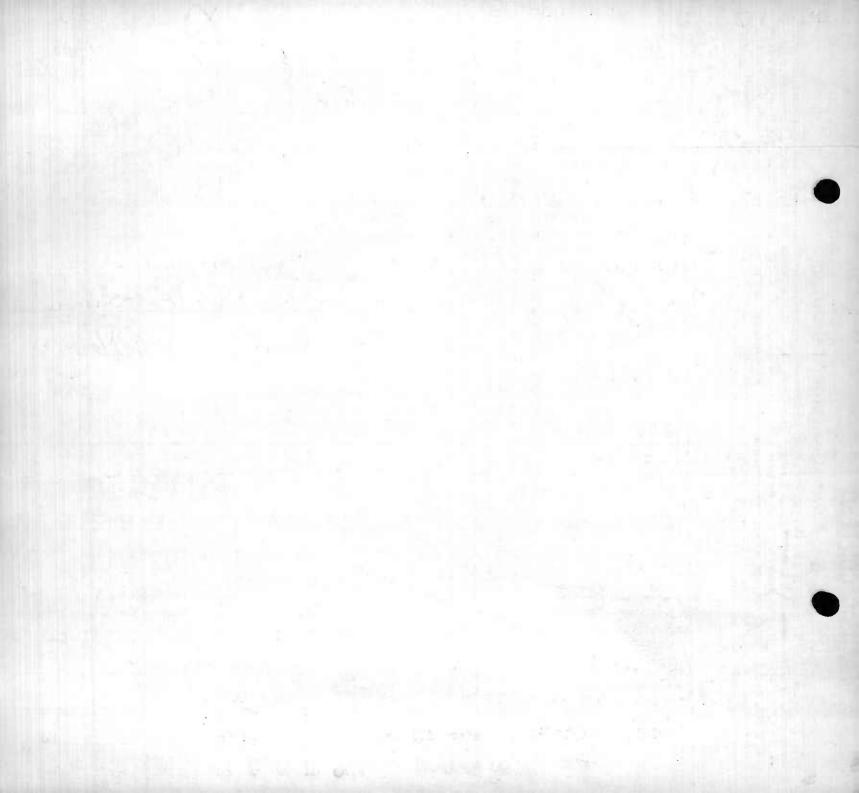
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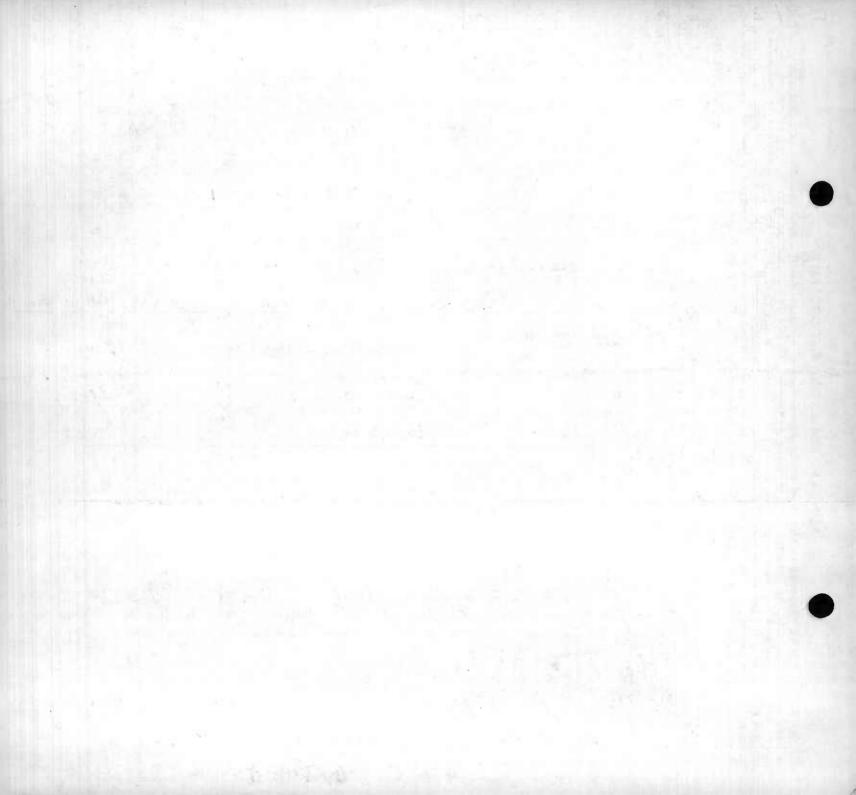
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ff Under 24 Hrs.





1=-9	12M	68- 6206 CENTIFICATE OF DEATH REGING 68- 6206
7.5	ed ch	BIRTH NO. 68- 6206 CERTIFICATE OF DEATH
and	S + a	NAME OF DECEASED 2. DATE AND HOUR OF DEATH Type or Print)
= 0	Dece	LOUISE G. ELLISON 6/15/68 4:00 Am. M.
Die de	# D D	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE Where deceased lived. If institutions residence before admission A. STATE B. COUNTY
SO	(5) and dec	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OUT OF THE PROPERTY OF THE
5 5		INSTITUTION D. INSIDE CITY LIMITS?
=	S = T Z	MMIN. OF MARYLAND HOSP. Querview YES NOW
- C	a de la composition della comp	22 So. Green St.
0 +	de ar	S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (III) years II Under 24 Hrs.
A 31	gol	Mankied Never Markied Sold birthdoy Months Days Hours Min.
9 20 20 20 20 20 20 20 20 20 20 20 20 20	reguease is m	0A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
± 7	det in iec	fone during most of working life, even if retired)
9 0	Sit of Sit	HOUSE WIFE NAME 14. MOTHER'S MAIDEN NAME
<u> </u>	(4) L we the spos	
7 25	5 6 7	Jesse Bowling Myrtle Robinson S. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
A	0 6 2 0	Yes, no ol unknown) Ilf yes, give war or dates of service) SECURITY NO.
RT Ssiss	find A	NO - 216-32-6252 Shirley Ellison. 4852 Hallins Fary K
IMPORTAN r his assistant	or da	18. 1990 CAUSE OF DEATH Pul munary Edina BETWEEN ONSET AND DEATH
¥ : E 9	of of	I SADING TO DEATH
- 0	FOSE	(A) IMMEDIATE CAUSE CONSEQUENCE OF:
2 0 0	ar ba	heall failure, asthenia, etc. It means the disease, injury at camplication which caused death.)
0	2000	ANTECEDENT CAUSES CARCINOMA TOSIS - 2 years -
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Te A P	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
DIRECTOR:	33 C L L L	rise to the above cause (A) stating the UNDERLYING CONDITION last.
D dies	burns; hysicia n was remain	199 2
A Policy	ysi × E	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
RA E	6 5.0 e	O THER'S GNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED
NERAL thief med	the sic	20A. AUTOPSY? (Yes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5 03	re th phy fore	8 9 67 WAS PERFORMED 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
¥ -	000	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
p k	A N P	O 21D. TIME Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
ed	at de se	21D. TIME IMonth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (A PPROX.) While AI Not While At Work
200	ny n exce and	22. I certify that (I) (this haspital) attended the deceased from 6/14/ 19 6/ to 6/15 19 6/ ,
0 0	- 50000	that (I) (we) last saw the deceased alive an Elisies 3:45779 68 and that in (my) (aur) apinian death accurred an the date
0 7	a E E a	and haur and from the causes stated above, (1) (We) (did) (did nat) view the bady after death.
4 6	ident hospit deat	23A. SIGNATURE , 23B. DATE SIGNED
must	D. 2 E. C	drawity a from hos Phys. Attending Med. Director Phys. Director Phys.
0 -	0 d d d d d d d d d d d d d d d d d d d	23C. PHYSICIAN'S 23D. ADDRESS
Cat	T) An a b. A. at d prior approv	DOMINGO A-SUSON Million Univ OF May los Amontal
certificat	d P	AL RUPIAL CREMATION 24R DATE 24C NAME of CEMETERY OF CREMATORY 24D LOCATION (City town or crusts) (Stotal
e r	700	BEMOVAL (Specify) Val17/1918 Dies 1 Manual PA
. S. 4	shows: (1) was D.O. deceased	55A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
T +	show was dece	1 1 1068 DD to 88 Fallent a John & Forana Son Ju. 901 Stallers Lt.
		15 150 BEV 1/1/41 1 1000 U 100 U 1



VS 150-REV. 1/1/68

CHARME PAIRST Joseph Dissettem Horstic Horsing Enteroff stilling (m, monte 3 pa)

VS 150-REV. 1/1/6B

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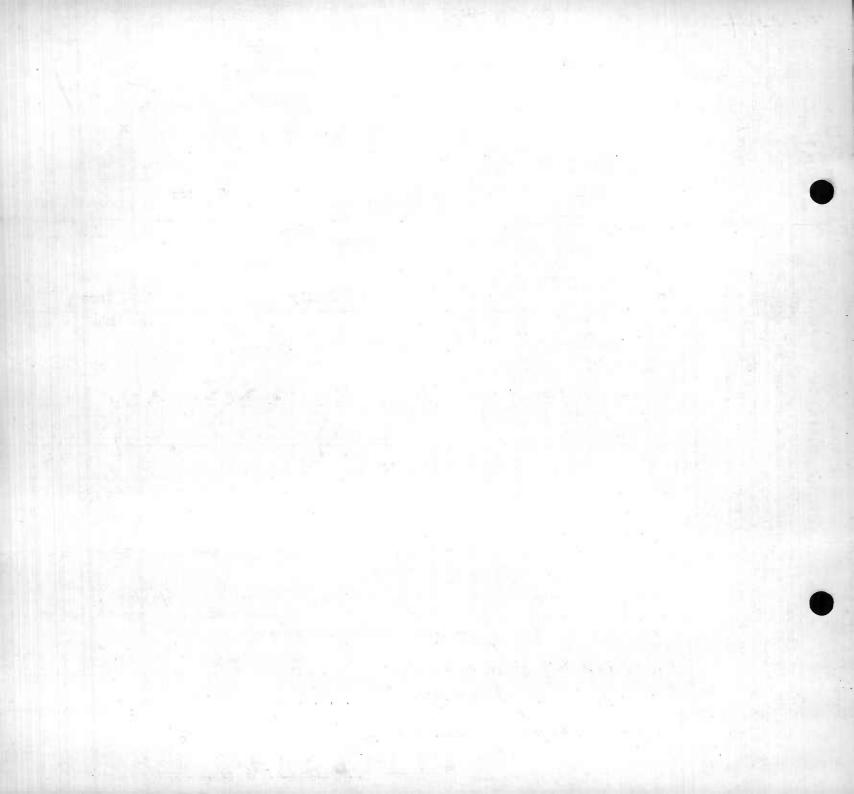
DIRECTOR:

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1 3059 17-918 Harall Selfe Estate April 2 - Frankling Control Control Burne 1 - 1 - 1 18 Matterwales was Copler 21 - Balan Rolling

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Thomas, Estelle Viela 8 10 GRAM Union Memorial Bult, more Road 2/08/03 65 Maryland Khoda Uplade IRA V Zentz Hosband Same RUS ASC UD CHIE Sells 8/14 88 6/12



BALTIMORE CITY HEALTH DEPARTMENT

FUNERAL

VS 150-REV. 1/1/6B

If Under 1 Yr. Months: Doys Il Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S. ADDRESS Mr. Packmyer -1205 S. Charles St., Baltimore BETWEEN ONSET AND DEATH 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 19 68 to June 7, ond that in (mx) (our) opinion death occurred on the date 23B. DATE SIGNED George J. Gonce, 4001 Ritchie Hgwy., Baltimore

NO

Devil f. sizastri ?

Presda tales

BALTIMORE CITY HEALTH DEPARTMENT

deceased written ap shows: MOS 2SC. FUNERAL DIRECTOR he VS 150-REV. 1/1/68

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D. INSIDE CITY LIMITS? NO

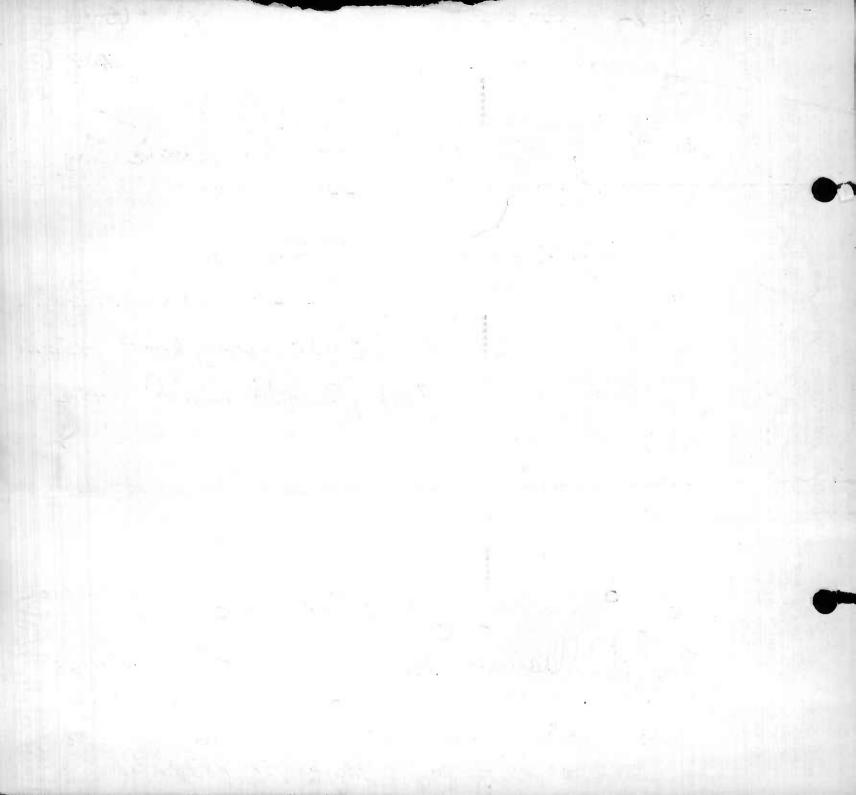
If Under 1 Yi. If Under 24 Hrs. Hours Min. Y1. Hours

12. CITIZEN OF WHAT COUNTRY?

TISA

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

23B, DATE SIGNED



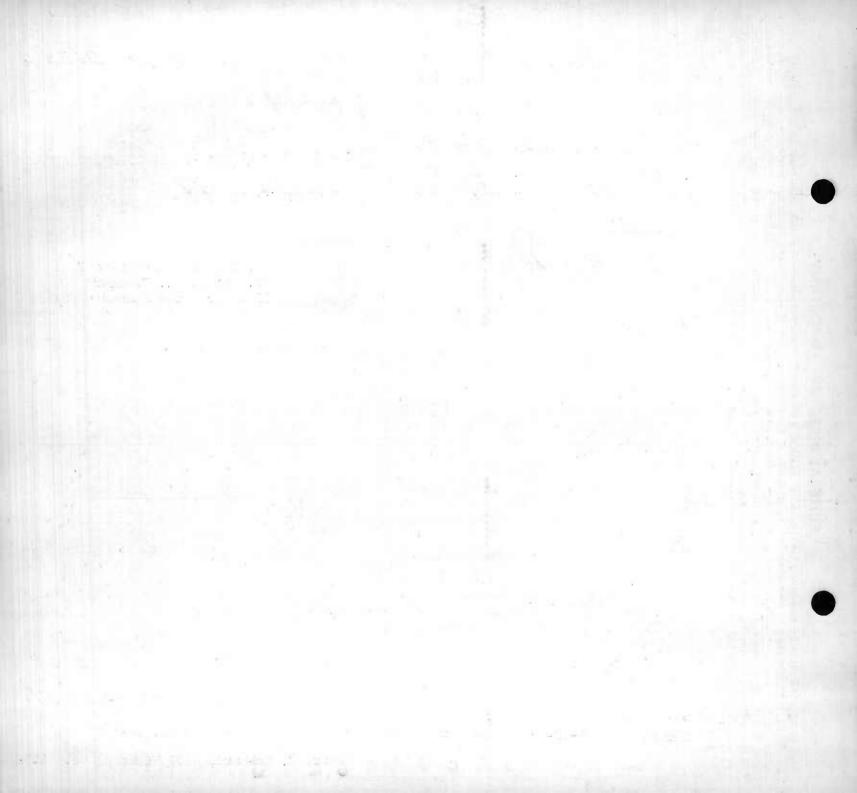
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DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/68

Such

	6	8- 621	CERTIFICA	TE OF D	EATH	REG. NO.	68-	6216	
BIRTH NO.	CEASED				DATE AND	HOUR OF DEA	TH		
(Type or Print)	MARY	FRANCES	LITTLE			11, 1968			
3. PLACE IN BAI	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY								
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	CATION)	JTION, GIVE STREET	Maryl c. city or fov Balti	VN	D. II	NSIDE CITY L		
	Hayward Ave			E. STREET AND		Avenue	162/07	NOL	
5. SEX	6. RACE	_	NEVER MARRIED	B. DATE OF BIR		, AGE (In years	If Unde	er_1 Yr. , If Under 24 Hrs.	
Female	Cauc.	WIDOWED		Septemb	er 16,1	934 33	Months	Doys Hours Min.	
done during most of Homema	working life, even if refired)			Baltimo	re, Mar			J.S.A.	
Franci	s X. Molloy	3		14. MOTHER'S	Gertru				
15. Was Deceased (Yes, no or unknown	d Ever in U. S. Armed Fon) (If yes, give wor or do	orces? des of service)	16. SOCIAL SECURITY NO. 214 30 2627	Ezra P.		Jr. 371	7 Haywa	address ard Avenue	
18. 17 4	/ Y 1	10.00	CAUSE OF DEAT	Н	1			APPROXIMATE INTERVAL	
DISEA	SE OR CONDITION D		Carcino	ma of	Breas	T, -1-+		2 years	
(This does	nal mean the mode of		(A) IMMEDIATE CAL	JSE A CONSEQUENCE	VF	erosiai	u	<i></i>	
heart foilure,	, asthenia, etc. II mean mplication which cause	s the disease,	DUE TO, OR AS	2 -					
111,000	ANTECEDENT CAUSE			1626					
DISEASES	OR CONDITIONS, if	any, giving	(B)DUE TO, OR AS	A CONSEQUENC	A CONSEQUENCE OF:				
rise to th	ne abave cause (A G CONDITION last.		(c)		nos			***************************************	
O THE DEA	FICANT CONDITIONS CO			hose					
d DISEASE OR	F OPERATION 198. CO	ART 1 (A).	WHICH OPERATION	20A. AUTORS	SY? (Yes or No)	20B. IF YES, WE	RE FINDINGS CAUSES OF	S CONSIDERED DEATH?	
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medicol exominer)	218. hom etc.)	PLACE OF INJURY (e.g., e, form, foctory, street, o	ffice bldg., INJUR	HERE DID Y OCCUR?	(II In Bolti	more City, giv	ve exoct location)	
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo		INJURY OCCURRED	le 🗇	OM DID INJU	JRY OCCUR?			
22. I certify	y that (1) (th is hospin			alugues	4 1	966 to	June 11	19 68	
that (I) (wa	Last saw the deceas	sed alive an	guno	11 49 68	and tha	//	apinian dec	oth accurred on the date	
23A. SIGNAT	man and a second	area abave. (I) (We) (did) (did not) ·	view the bady o	itter death.	1	238, DA	TE, SIGNED	
	Tharvel	Leur	Att.	ending A N	Ned.	Shaff Phys.	6,	1/2/68	
PHYSICI NAME (EL. L	EVIN MAD	23D. ADDRESS &	ACK HO	TS AVE	13AL	10-15 MD	
24A, BURIAL CRI REMOVAL		3	AME of CEMETERY OF CR		24D. LC	CATION	(City, town,	or county) (Stote)	
Burial	L JUN	E 68 Ne	w Cathedral C	emetery	Bal.	timore, M	aryland	ADDRESS	
	JUN 1 7 196	8 R.P.	Ba Falson	1 650	Lowe 141	Demmon 46	ll Park	Heights Ave.	

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BALTIMORE CITY HEALTH DEPARTMENT

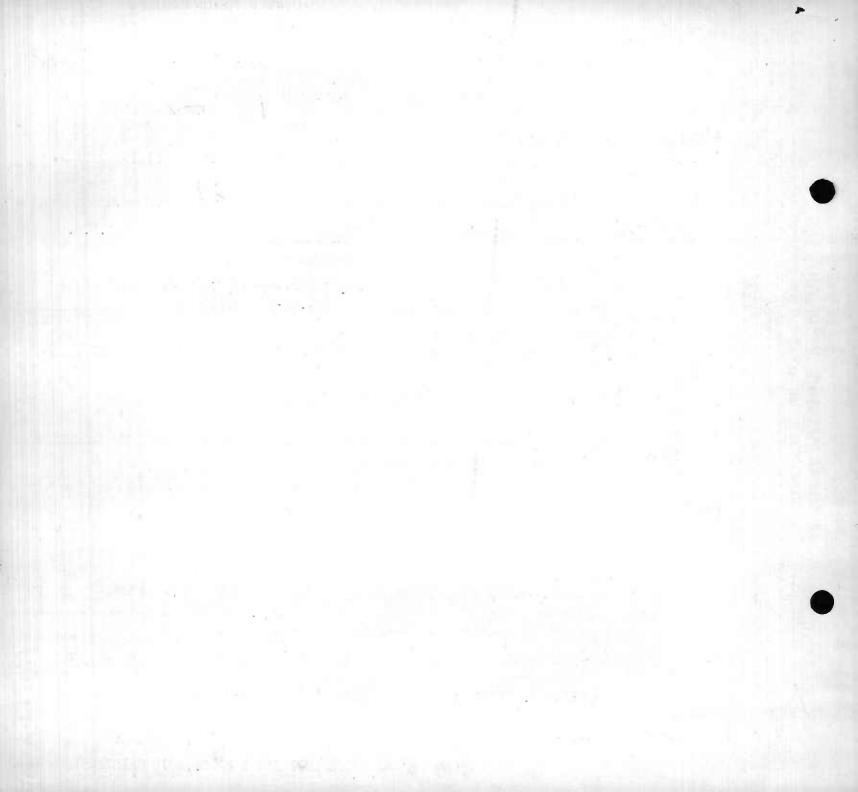
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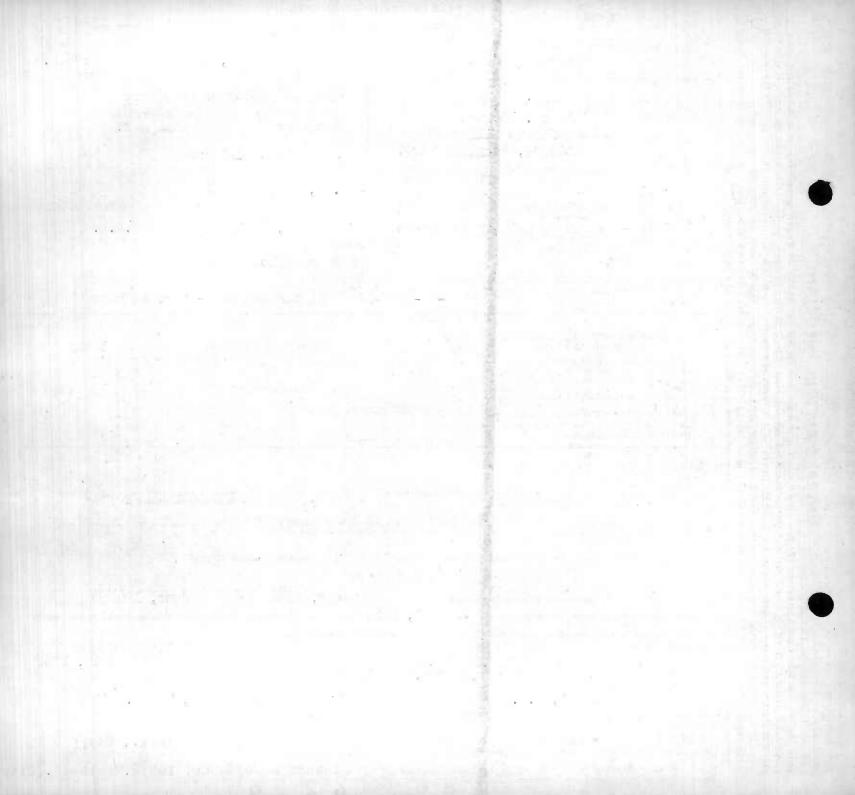
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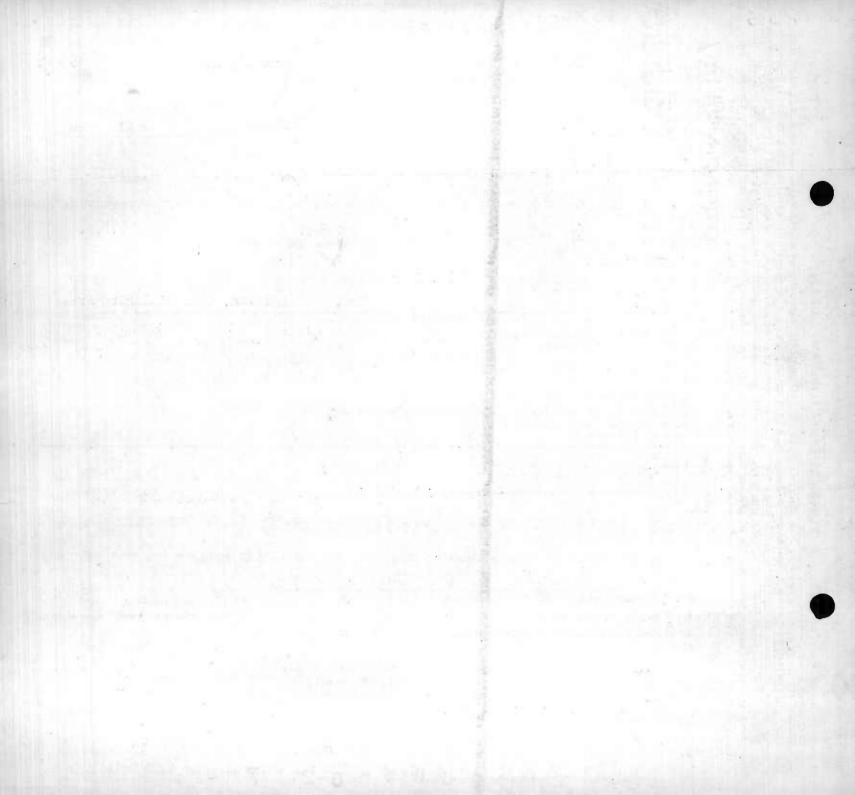
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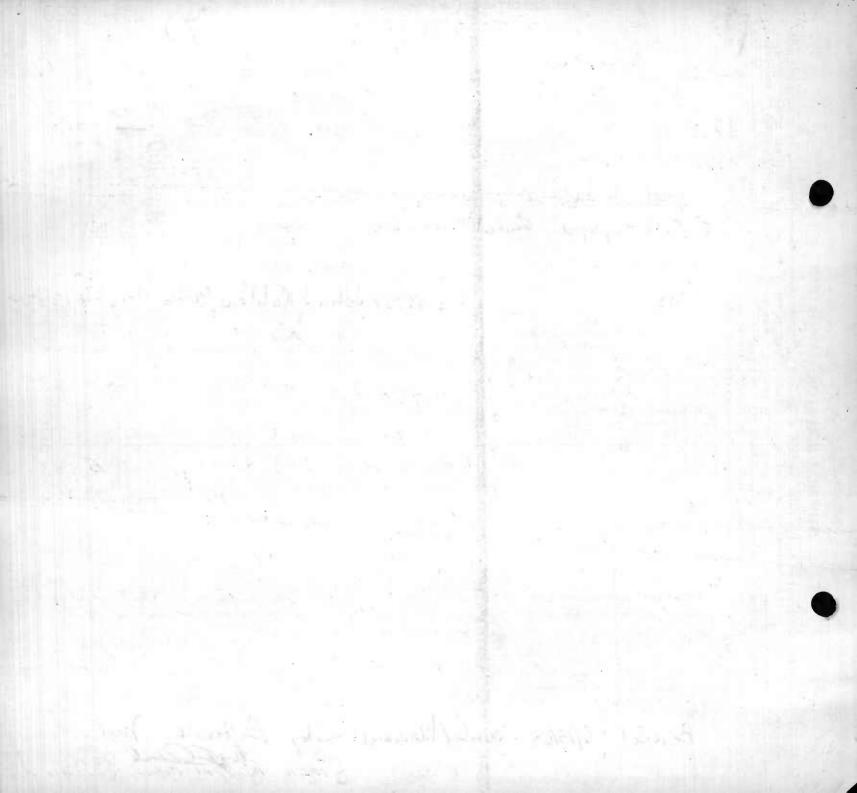
INSIDE CITY LIMITS? YES X NO #21215 If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Bottimore City, give exact location) and that in(my) (our) apinlan death accurred an the date 23B. DATE SIGNED

ADDRESS





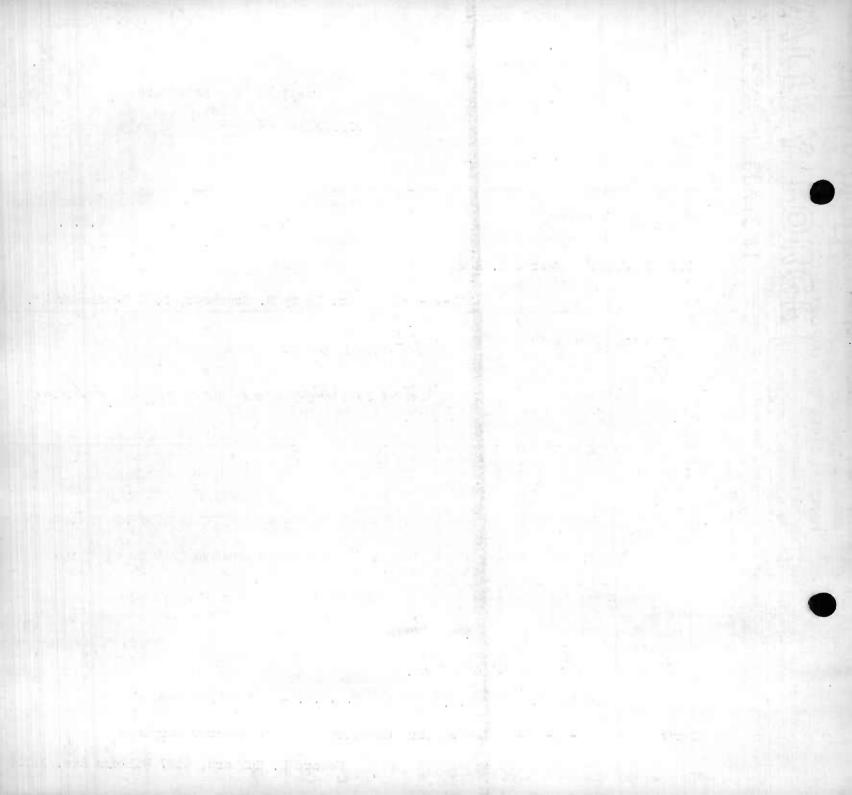




IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

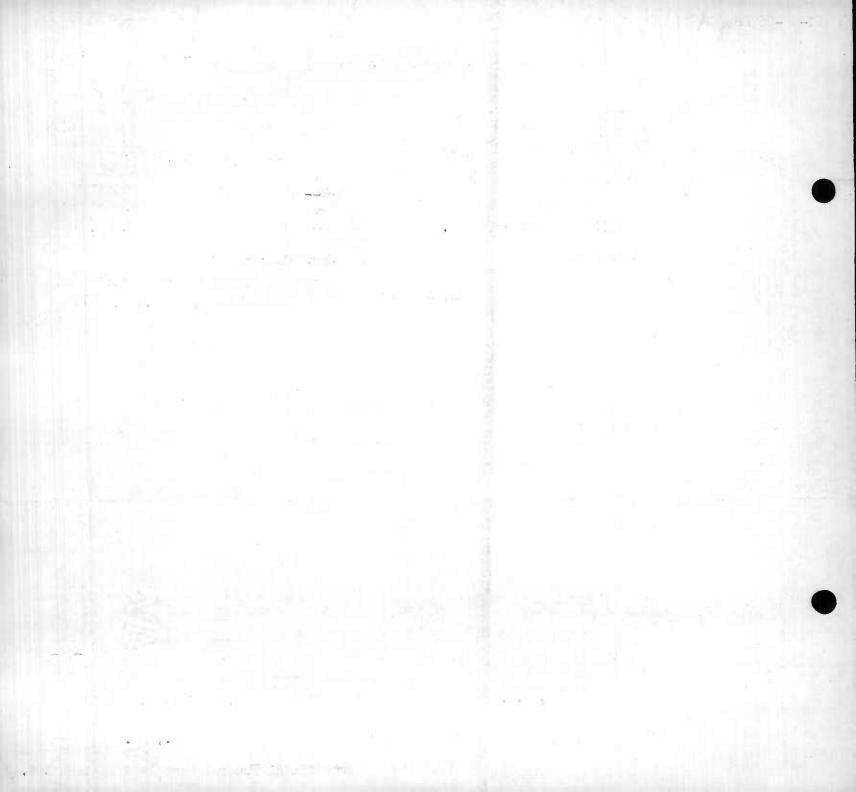


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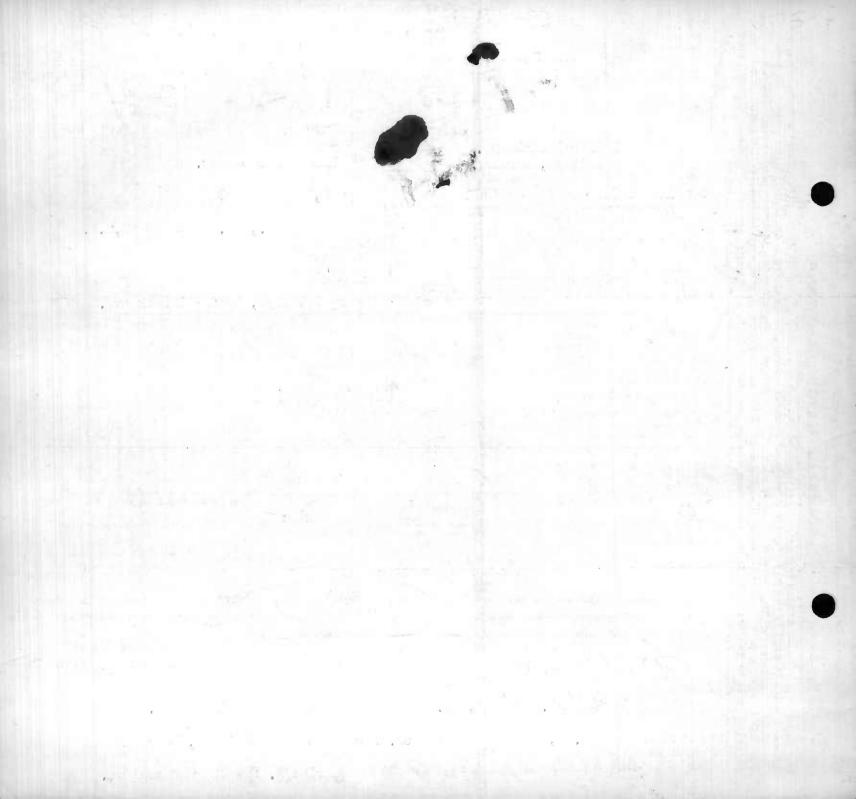
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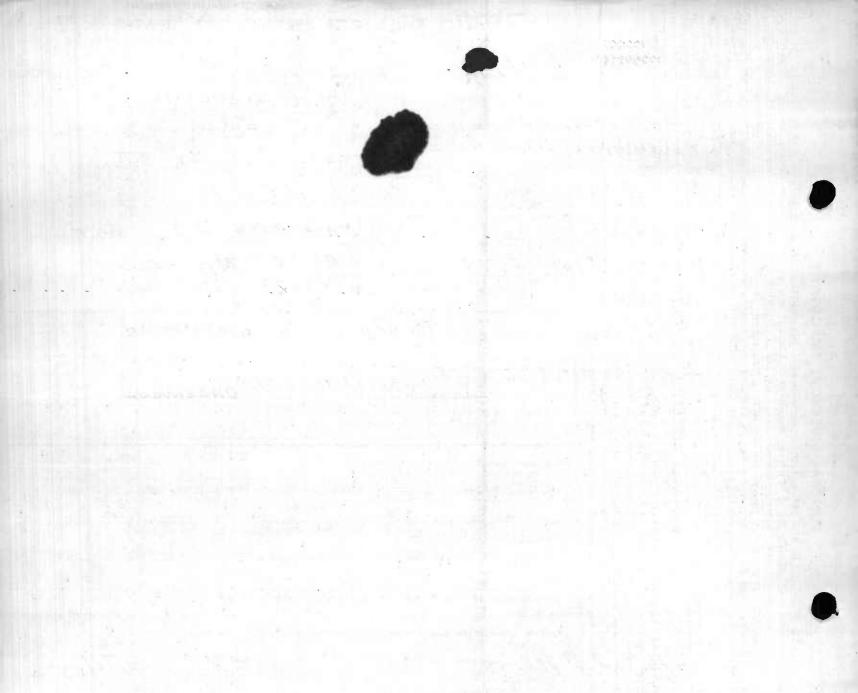


68- 6225 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL I	EXAMINER'S C	CERTIFICATE OF DEAT	H REG. NO. 68	- 6225
1. NAME OF DECEASED		2. DATE Known X Month	Doy Ye	ear Haur
(Type or Print) FLOSSIE SEAR		OF DEATH Estimoted I June	13, 1968	12:30 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PROI		3. DATE Manth	Doy Ye	ear Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) OR INSTITUTION	TION, GIVE STREET	June 3. USUAL RESIDENCE (Where deceased in	13, 1968	12:30 P.M.
Baltimore City Hosp:		A. STATE Maryland	Baltimor	re C 53 -00
6. SEX 7. RACE B. MARRIED WIDOWEL	NEVER MARRIED DIVORCED	C. CITY OR TOWN Dundalk Baltimore	D. INSIDE CITY LIM	NO K
9. DATE OF BIRTH 10. AGE (In years If	Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	763 (2)	NO C
May 22, 1898 last birthday) Me	onths Days Hours Min.	2525 Graymanor	Terrace	
11. BIRTHPLACE (Stote or fareign cauntry) 12. West Virginia	CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Hamilton Vickers		
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND O				
Sorter- Chesapeake Shoe Co.		Nettie Pauley		
16. WAS DECEASED EVER IN U.S. ARMED FORCES?	17. SOCIAL	IB. INFORMANT (Daughter)	ADDRESS	Dundalk, Md.
(Yes, na ar unknawn) (If yes, give war or dates of service)	235-26-9684	Mrs. Lena Romine, 252	5 Grav Mano	r Terrace.
19.	CAUSE OF DEA		J CJ	APPROXIMATE INTERVAL
ESTAN				BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Plunt injuries of	themore	
(This does not mean the mode of dying, e.g.,	(A)IMMEDIATE C	AUSE Blunt injuries of	LHOTAX	
heort failure, osthenio, etc. It means the disease, Injury or camplication which caused death.)				
ANTECEDENT CAUSES	(B)	AS A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DOL 10, OK	AS A CONSEQUENCE OF.		
UNDERLYING CONDITION LAST.	(C)			· · · · · · · · · · · · · · · · · · ·
₽ E816.4 II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).	G AL			
DISEASE OR CONDITION GIVEN IN PART 1 (A)				
20A. DATE OF OPERATION 20B. CONDITION FO	R WHICH OPERATION WA	AS PERFORMED	21. A	NUTOPSY? (Yes or No)
0				No
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.		in ar about 22C. WHERE DID (If in Boltimo	re City, give exoct lacoti n_Hill Road	ian)
☐ UTING ☐ CAUSE OF DEATH.	street	of W. Woodwell	Road	1 58' west
22D. TIME (Manth) (Day) (Year) (Haur) OF INJURY	22E. INJURY OCCURRED	22F. HOW DID INJURY OCC	UR?	
(APPROX.) 6-13-68 11:46 A _{em} .	WHILE AT NOT AT W	Passenger in au	to-auto col	lision)
I certify that I held on Inquiry	Inspection X Au	topsy ond that on this basis,	death in my opinio	on
resulted from: Notural causes	Accident X Suicid	le Homicide Undetermi	ned manner	
(10 100)	CHIEF MEDICAL EXAMINER		DATE CLONIED
ACTUAL (Mag /)]	menal M.D	ASSISTANT MEDICAL EXAMINER	□ □	DATE SIGNED
EXAMINER'S Charles S. Spri		ASSOCIATE MEDICAL EXAMINER	L	13, 1968
NAME (Type)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_ ounc	13, 1700
	24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION	(City, town, ar co	ounty) (Stote)
	Meadowridge Me			Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	AE OF REGISTRAR	John J. Duda, 7922	Wise Ave.	
VS 151-REV. 1/1/6B	6 8 0 0	0 6 2 2 3		

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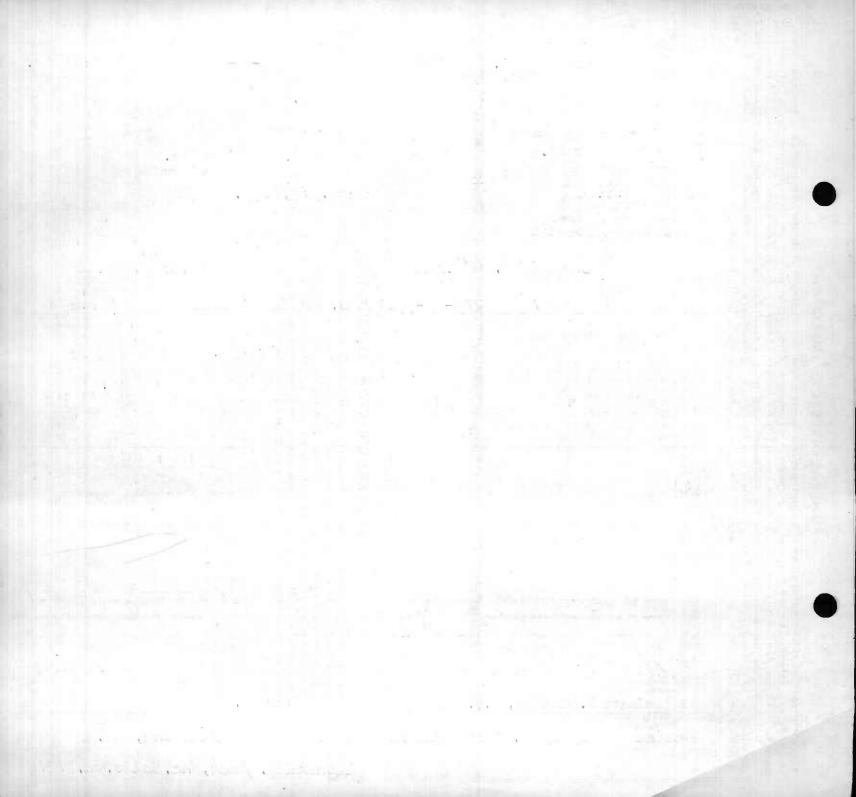




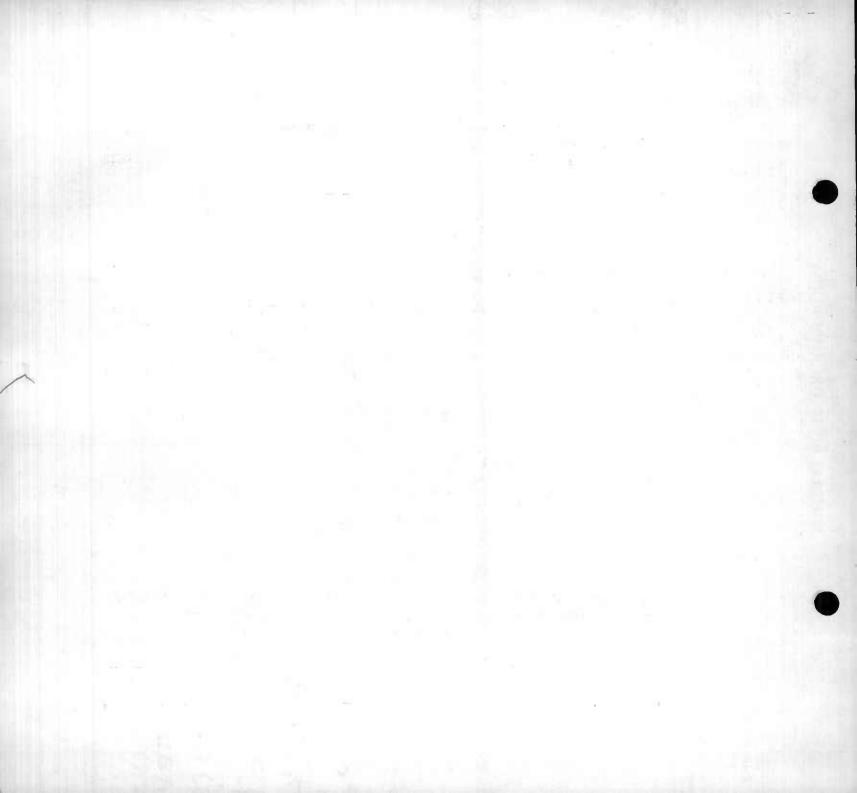
_ 1	68- 6228 BALTIMORE CITY HEALTH DEPARTMENT	00 0000						
1-652	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGINE	68-6228						
30 0	1. NAME OF DECEASED (Type or Print) 2. DATE Known Month Doy OF	Yeor Hour						
	VICTOR TIERNEY DEATH Estimoted June 13, 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy	1968 9:30 A. M. Yeor Hour						
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD HOSPITAL ADDRESS OR LOCATION) June 13.	1968 9:30 A. M.						
	OR INSTITUTION 5. USUAL RESIDENCE (Where deceosed lived. If institut A. STATE B. COUNTY	ion: residence before odmission)						
	University Hospital Maryland	SITY LIMITS?						
	MAKKIED NEVER MAKKIED	YES X NO 3						
	9. DATE OF BIRTH 10. AGE (In years # Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER							
	7 Dec. 1954 13 RESENSE OF STATE HOSPITAL	Rt. 1 Box 306 J.						
	Baltimorem Maryland WHAT SOUNTRY? Oren N. Tierney Sr.							
	14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired)							
	Betty J. Yates							
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO. NONE Oren Tierney - Rt 1 Box	ADDRESS 306 J.Glen Burn						
	19. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
	DISEASE OR CONDITION DIRECTLY Sepsis and adynamic ileus	SELVICE STOCK AND SEATH						
	(A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:							
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)							
	ANTECEDENT CAUSES (B)	······································						
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF: RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
	(C)							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)						
	22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g., in or obout 22C. WHERE DID (If in Boltimore City, give	Yes						
	UNDERLYING OR CONTRIB- home, form, foctory, street, office bldg., etc.) INJURY OCCUR?							
	OF INJURY (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?							
•	(APPROX.) m. WORK AT WORK							
	I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion							
	resulted from: Notural couses X Accident Suicide Homicide Undetermined monne							
	ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER X	DATE SIGNED						
V-Ville Len	EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER June 13, 1968 NAME (Type)							
		own, or county) (State)						
	Burial 6/17/68 Baltimore Nat'l. Cemetery Baltimor	re, Maryland						
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Singleton Superal Home	Glen Burnie, Md.						
	Diffull to live the state of th							

A A AND THE REAL PROPERTY AND THE PARTY AND

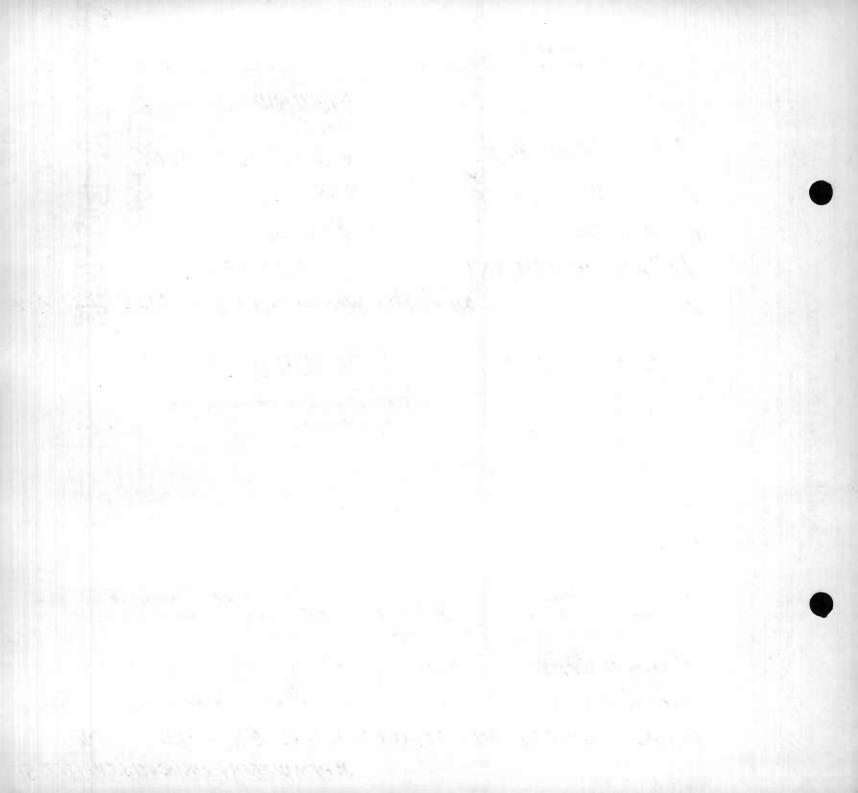
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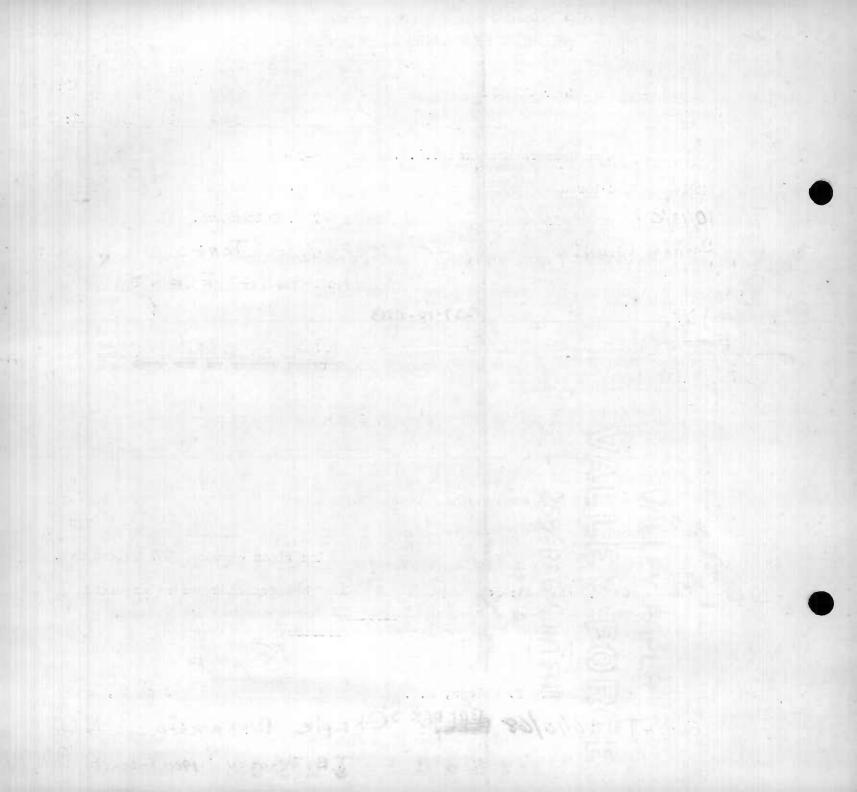
		BALTIMORE CITY	HEALTH DEPARTMENT		68- 6231
	TH NO 68- 6	231 CERTIFICA	TE OF DEATH	REG. NO	00 0201
	11110.	COT CENTION		D HOUR OF DEATH	
(Тур	AME OF DECEASED AUGUSTA	Pro 1 months	1/AL	T III IOI	40 m
2 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	FOLTY	4. USUAL RESIDENCE (Where	14,196	Nution; residence before admission
3. 1	TACE IN BALLIMORE MARILAND, WHERE PRO	MOUNCED DEAD	A. STATE B. COUN	TY	Commission delice delice delinission
FU	LL NAME OF (IF NOT IN HOSPITAL OR IN SPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MARYLAND		26-11
IN:	SPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIDI	CITY LIMITS?
110			BALTO.	,	YES NO
	612 S. EAST AU	-	E. STREET AND NUMBER	<u> </u>	
	era o' HUDI UNI	E	6/25, EA	ST AUE	
5. S	EX 6. RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	F WIDOV	= =	4-15-1091	ost birthday	Months Doys Hours Min.
10A	USUAL OCCUPATION (Give kind of work 10 B. KINE		11. BIRTHPLACE (State or foreign	an country)	12. CITIZEN OF WHAT COUNTRY
don	during most of working life, even if retired)		17		
1	HOUSE WIFE		COLAND		USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
	PETER GUTOMIC	KI	UNKI	XOUIN	
15.	Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	10 my	ADDRESS
(Yes	, no or unknown) (If yes, give wor or dotes of servi	ce) SECURITY NO.			
	1/0	213-46-4855	WANDA IRAL	VINSKI 6/	78, EAST AVE
7	1B. / / / / / / /	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY				
	LEADING TO DEATH	(A) IMMEDIATE CAU	selly 6 orbusing car	di resule	540
	(This does not meon the mode of dying, heart foilure, asthenio, etc. It means the dise	e.g., DUE TO OR AS	A COMSEQUENCE OF:		
	injury or complication which coused death.)		rend disco	rec	1 and
	ANTECEDENT CAUSES	Cont	the Til	/ //	, 44,
	DISEASES OR CONDITIONS, if ony, gir	ving DUE TO, OR AS	A CONSEQUENCE OF:	remelfolderi.	
	rise to the obave cause (A) stoting		apliance		5400
	UNDERLYING CONDITION lost.	(C)	••••••		
	442 X II				
ō	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN				
ATI	DISEASE OR CONDITION GIVEN IN PART 1 (A).				
CERTIFIC	19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	NDINGS CONSIDERED
ERT					
U	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	fice bldg. INJURY OCCUR?	(If In Boltimore	City, give exact location)
CAL	DEATH (notify medical examiner)	etc.)			
	21 D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
ME	OF INJURY (A PPROX.)	White At Not While	• 🗖		
	MITROM/	Work At Work		10 11	
	22. I certify that (1) (th is hospit al) attend	ed the deceased from		9 63 to June	1968
	that (1) (we)-lost sow the deceased alive	on June 14	19 6 8 ond the	ot In (my) (Aur.) opini	on death accurred on the dat
	and hour and from the causes stated abov	e. (1) (We) (did) (did =)			
	23A. SIGNATURE	(./ (c/ (d/d/ (s/d w 01) V	.c The body offer deom.	Is	23 B. DATE SIGNED
	6 125	Atte	nding Med.	Staff [
	Just D. O. Shot	DEGREE Phys	Director L	Phys.	6/17/68
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
	George II Linny	md	426 S. Jaffers	Al for Bal	Genna med
244	BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY of CRE	· · · · · · · · · · · · · · · · · · ·	CATION (City,	town, or county) (Stote)
	REMOVAL (Specify)	Barre Made mid	1 11. man	A	04 D
	1 821/29 1 ANNO	TOLY KOSARX	CEMETERY BY	PLTIMORE	170,
25A	DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	7.07	ADDRESS
	JUN 17 1968 Of Dec	JE, Janker 1	JOHN'M WERE	RYSONS INCA	615, CHESTER ST
1/5	150-REV. 1/1/6B		100		



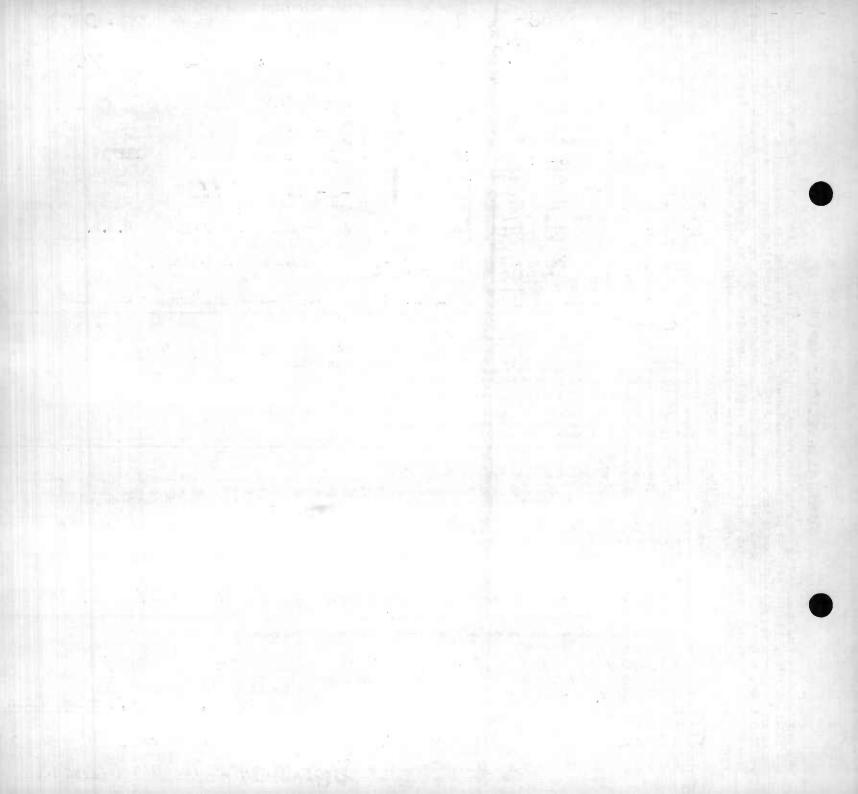
68- 6232 BALTIMORE CITY HEALTH DEPARTMENT

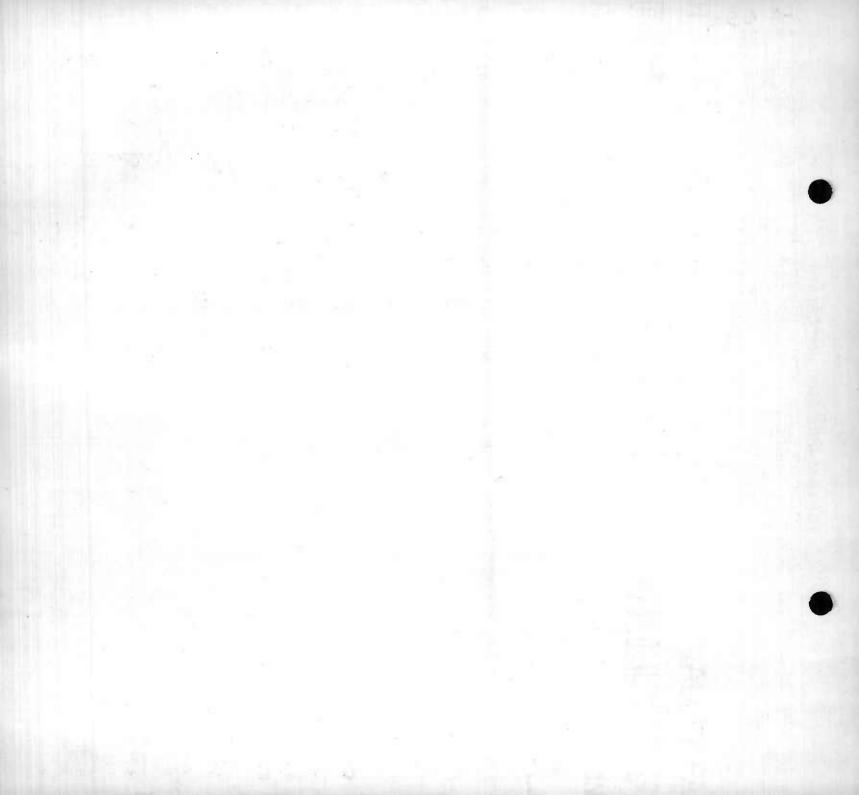
68	6232
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		MEDICA		AMINER'S			DEATH	REG. NO	68	- 6232
BIRTH NO.								KEO. 140.2		
1. NAME OF DECEASED (Type or Print) NA POLEON TONES 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			2. DATE OF DEATH	Knawn ☑ Estimoted □	6 10	Day 68	Yeor	12:15p _M		
4. PLACE IN BA	LTIMORE, M	ARYLAND, WHER	PRONO	UNCED DEAD	3. DATE		Month	Day	Year	Hour
FULL NAME OF HOSPITAL	(IF NO	OT IN HOSPITAL OR	INSTITUTIO	N, GIVE STREET	PRONC	UNCED DEAD	June	10	1968	12:15 p.
OR INSTITUTION	ADDK	ESS OR LOCATION)			S. USUAL	RESIDENCE (Whe				refore admission)
34				1 . D . O . A	A. STATE	Manual and	В.	COUNTY		
6. SEX (.)	7. RACE	a Secours	HOSDI	TAL D.O.A.	C. CITY O	Maryland RIOWN		D. INSIDE	Y UMITS?	
77		14/15	OOWED	1					(A)	2007
9. DATE OF BIRT	L Colo	ored WIL		DIVORCED der 1 Yr. If Under 24 H		alto.	1	Y	5 2	МОПТ
10/13/09	3)	lost birthdoy) 3		s Doys Hours M	in.	47 N. Ful	ton Ave			
11. BIRTHPLACE	(State ar farei	ign cauntry)		TIZEN OF	13. FATHE	'S NAME	1			
Dutham	Course	ntu	W	HAT COUNTRY?	F	1d, E	JOHE	-15		
14A.USUAL OCC	UPATION (G	ve kind of wark 14B. K	IND OF B	USINESS OR INDUS	TRY IS. MOTH	R'S MAIDEN NA	ME			
dane during most af	working life, e	ven irrenred)			1 1 .	MELNIC	AI	UAN	3	
		U.S. ARMED FOR		17. SOCIAL	IB. INFOR	MANT		AL	DRESS	
(Yes, no or unknawi	n) (If yes, give	war or dates af ser	vice)	SECURITY NO.	2					
119.	11			CAUSE OF D						PROXIMATE INTERVAL
E 76	SXI								BETW	EEN ONSET AND DEATH
DISEA		DITION DIRECTLY								
(This does	LEADING TO	made of dying, e	. a .	(A)IMMEDIA	TE CAUSE GL	inshot wou	inds of	the lun	g	- 4
heart failur	e, osthenio, et	c. It means the diseorich coused deoth.)		DOE TO, C	JK AS A CONSE	QUENCE OF:				
injury or ca	implication will	icii coosea aeoiii.								
	NTECEDENT			(B)						
DISEASES RISE TO TH	OR CONDIT	ONS, IF ANY, GIVI AUSE (A) STATING	ING	DUE TO,	OR AS A CONS	QUENCE OF:				
UNDERLYI	NG CONDIT		1116	(c)						
D = 901	V	11		(0)						
OTHER SIG		NDITIONS CONTR								
DISEASE O		T RELATED TO THE T N GIVEN IN PART 1								*********
OTHER SIG TO THE DE DISEASE O	F OPERATIO	N 20B. CONDITION	ON FOR V	WHICH OPERATION	WAS PERFOR	MED			21. AUTO	PSY? (Yes ar Na)
0										YES
₹ 22A. EXTE	RNAL CAUSE	WAS	22B. P	LACE OF INJURY(e	.g., in ar about	22C. WHERE DID	(If in Baltimore	City, give exa	ct lacation)	IES
	GENOR CON		home,	form, factory, street, o	office bldg., etc.)	INJURY OCCUR?				16
	(Manth) (Hom Haur) 22	E.INJURY OCCURRE	D	1st floo:	r bedroo		Fulto	n Ave.
OF INJURY	(mammy (,,, (100.)	'		OT WHILE					
(APPROX.)	6 1	0 68 11			T WORK LY	Subjec	t shot d	uring a	argume	nt
	rtify that I h	held an Inquir	🖂	Inspection 🗌	Autopsy XX	and sheep an	this basis, d	a-46 in	!-!	
				1 —						
resu	Ited from:	Natural causes	4 Ac	cident Sui	cide L	amicide XX	Undetermine	ed manner L		
ACTUA		1 1	1	1.18		CHIEF MEDICAL		_		DATE SIGNED
ACTUA SIGN A		MINOC	JV	VIA	M.D. ASS	ISTANT MEDICAL	EXAMINER 2	<u>cx</u> t		
EXAMIN	VER'S				ASS	OCIATE MEDICAL	EXAMINER			
NAME				son, M.D.					e 10,	
24A. BURIAL CRE REMOVAL (Spec		24B. DATE	240	BAT DER		ORY 24D	LOCATION	(City, town	, or county) (State)
BURLA	3	6/16/16	8 8	The Nice	Cha	ple. D	wehne	Ca		N.C.
2SA. DATE REC'I		4100					1 1 14/4			
	D RA HEATIH	DEPT. 2S	B. NAME	OF REGISTRAR	2SC.	FUNERAL DIREC	TOR '	A	DDRESS	
	IIIN 17		B. NAME	OF REGISTRAR	2SC.	FUNERAL DIREC				n B-11 11
6	JUN 17	7 1968 P	Party.	OF REGISTRAR	25C.	By John		1900 E		PI BAIt, Mc



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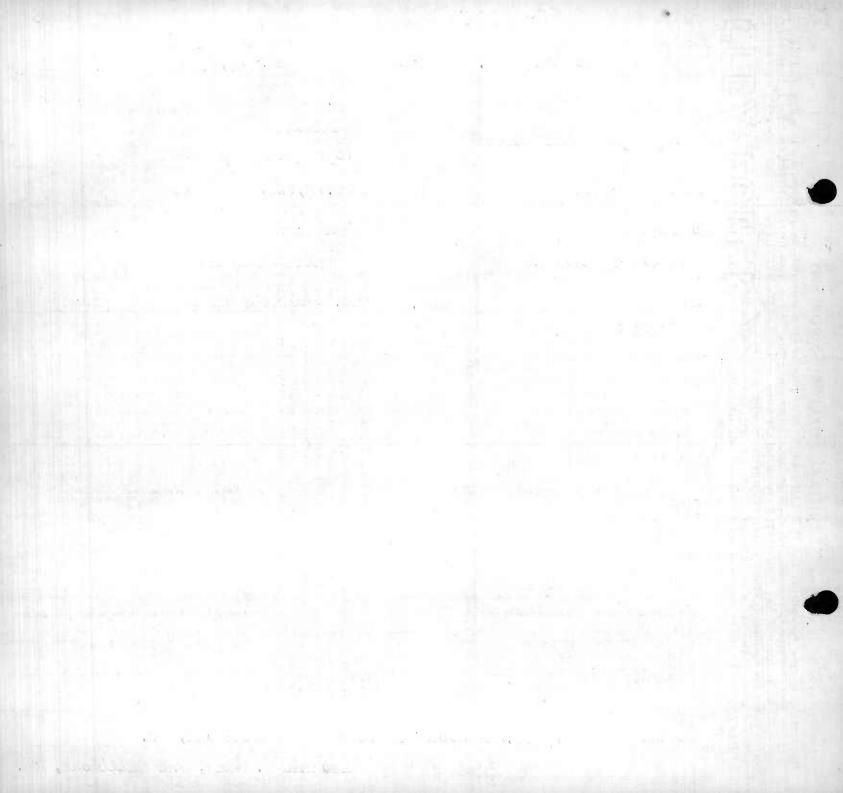


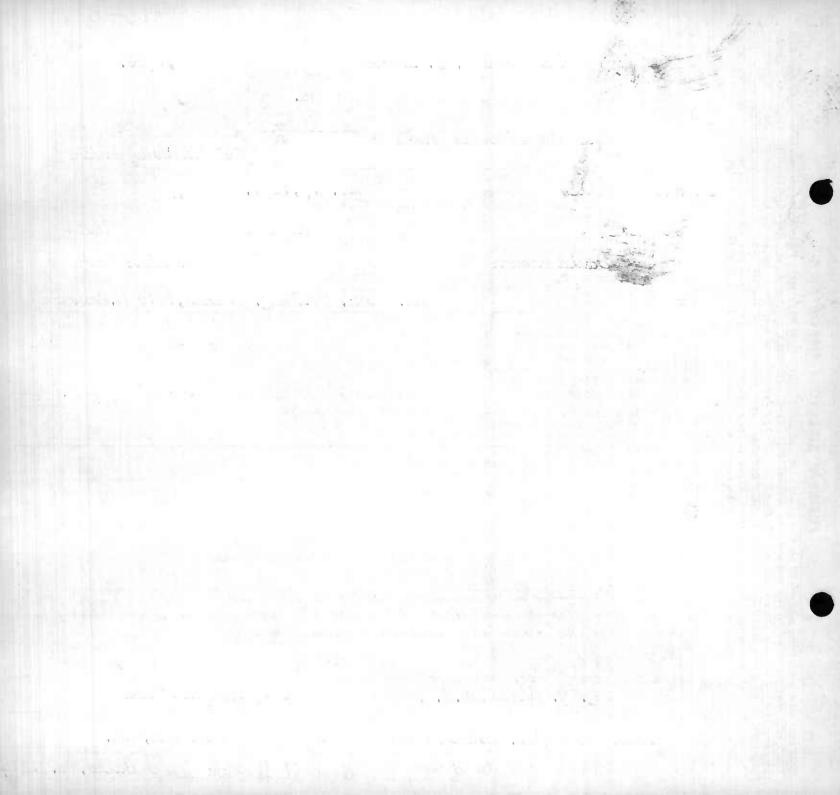
IMPORTANT

FUNERAL DIRECTOR:

ALCOHOLD STATES MOST SEE INFEST TON The second secon

	60_ (2000	Y HEALTH DEPARTMENT		68- 6236
NIETII NIG	68- 6	CERTIFICA	TE OF DEATH	REG. NO	00 0200
BIRTH NO.	CEASED			D HOUR OF DEATH	
Type or Print)	Louise	M. Kerr			5:00 A.
. PLACE IN BA	LTIMORE, MARYLAND, WHERE P		4. USUAL RESIDENCE (When	e deceased lived. If in	5.00 A.
			A. STATE B. COUN	IY .	5 101
ULL NAME OF	F (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	c. CITY OR TOWN	IN INS	DE CITY LIMITS?
NSTITUTION			Baltimore	D. 1143	YES NO NO
1630	East 30th Str	oot	E. STREET AND NUMBER		153 [140]
	Curre years and		1630 East 3	Oth Stree	t
. SEX	6. RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr If Under 24 Hr
emale	1 . 1	OWED M DIVORCED	Nov. 14, 1881	lost birthday) 86	Months Doys Hours Min.
	CUPATION (Give kind of work 10B. KII				12. CITIZEN OF WHAT COUNT
one during most o	of working life, even it retired)		4		LICA
Tousew			Maryland		USA
3. FATHER'S NA			14. MOTHER'S MAIDEN NAM		
Alpho	onse Stroemer		Marie Rei	ssert	
es no or unknow	ed Ever in U. S. Armed Forces?	(vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	yes, give were dispersion series	1/26	Mrs. Virginia	Healy	(Same)
18. ///	5 . / .	CAUSE OF DEA		i reary	APPROXIMATE INTERVAL
4/0	ASE OR CONDITION DIRECTLY	AT	1401	1/17	BETWEEN ONSET AND DEAT
0.527	LEADING TO DEATH	(A)IMMEDIATE CA	osclerolic Cardin	-Vascular list	ease Several 4 oak
	nat mean the made of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
	e, asthenia, etc. It means the dis amplication which coused deoth.)	sease,			
	ANTECEDENT CAUSES				
DISEASES	OR CONDITIONS, if any,	(B) DUE TO, OR A	S A CONSEQUENCE OF:		
rise to t	he abave couse (A) stating	1he			
UNDERLYIN	IG CONDITION last.	(c)			
x 422	./ 11				
O THE DEA	IFICANT CONDITIONS CONTRIBUTATE BUT NOT RELATED TO THE TERM				
	CONDITION GIVEN IN PART 1 (A). OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES WEDE	FINDINGS CONSIDERED
	WAS PERFORMED		1/2	IN CERTIFYING CA	USES OF DEATH?
21A. ACCID	ENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimor	e City, give exact location)
OR CONTRI	BUTING CAUSE OF	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?		
2			015 115111 515	115V 0001133	
OF INJURY	(Month) (Doy) (Year) (Hourl	While At Not Whi	21F. HOW DID INJ	URT OCCUR?	
(APPROX.)		Work At Work			
22. I certif	y that (I) (this haspital) otten	ded the deceased from	May 27	19 60 to \	lune 19 1968
	and last sow the deceased alive			ot in (my) (our)-opi	nion death occurred on the da
	nd from the couses stated abo			. ,,,(,, (,,,	
23A, SIGNAT	10	ive. (i) (ineg (did) (did med)	view the body offer deoffi.		23B. DATE SIGNED
	m	AH	ending Med.	Staff	6/15/68
200 0 00000	Loy III fim	DEGREE Ph		Phys. \square	0/10/00
23C. PHYSICI	Ans 1	MA	23D. ADDRESS	IRI R	100
NAME	/// / / / / / / / / / / / / / / / / /		de / / S / Verlan as arched	A 1001 11 1.	111. 011
NAME	Loy M. Ki	mmerman M.D.	2 40 7 1 1 1 Ou	" 1 100	allimore, Md
4A. BURIAL CR	EMATION, 248. DATE	MM EVMAN MIN. DEGREE 4C. NAME of CEMETERY OF CE	SEMATORY 24D. LO	OCATION (C	ity, town, or county) (Stote)
1	EMATION, 248. DATE	4C. NAME of CEMETERY OF CI			
4A. BURIAL CR REMOVAL Buria	EMATION, SAR. DATE (Specify) 6/17/68	Parkwood Ceme	tery Ba	ltimore, 1	1d.
24A. BURIAL CR	EMATION, SAR. DATE (Specify) 6/17/68	4C. NAME of CEMETERY OF CI	tery Ba	ltimore, N	





68-6238

MEDICAL EXAMINER'S CERTIFICATE OF	DEATH REG. NO.
-----------------------------------	----------------

	H NO.									REG. NO			
1. NAME OF DECEMBEL				2. DATE OF	Known 🛣	Month	Doy	Yeor	Hour				
(1)	ROY	EVERHA	ART				DEATH	Estimoted	6	16	68	3:25	а м.
4. PI	ACE IN BALT						3. DATE	NICED DE AD	Month	Doy	Yeor	Hour	
FULL HOS	NAME OF	(IF NO	T IN HOSPITA	AL OR INSTI	TUTION, GIVE	STREET	PRONOL	NCED DEAD	Iune	16	1968	3:25	а м.
OR II	NOITUTITE			,				SIDENCE (Where	deceased liv				
C	00	200 m-	.ama 140	рд			A. STATE	four-land		B. COUNTY			
6. SI		7. RACE	camore		ED NEVE	P MARDIED T	C. CITY OR	laryland TOWN		D. INSIDE C	ITY LIMITS?		
Ma.		Whit		WIDOW		If Under 24 Hrs.		Balto. ND NUMBER		1	(ES bc)	NO L	
	ATE OF BIRTH		lost birthdo			Hours Min.	E. SIKEEL A	IND INDINDER		7	10	3	
	2/3/1911		53					Tramore	Rd.	d/		/	
II. B	IRTHPLACE (St	ote or foreig	gn country)	ľ	2. CITIZEN WHAT CO		13. FATHER'	SNAME					
1	Maryland	1			U.S	-A -	Albert	Everhart					
14A.	JSUAL OCCUP	ATION (Giv	e kind of work	14B. KIND	OF BUSINES	S OR INDUSTRY	15. MOTHER	'S MAIDEN NA	WE				
	achine (Armoo	Co		Eva I	. Presto	n				
16. V	VAS DECEASE	D EVER IN	U.S. ARMED	FORCES'	17. 50		18. INFORM		14	A	DDRESS		
(Yes,	no or unknown)	(If yes, give v	wor or dotes	of service)		-09-8571	Mwe 1	Patricia I	Franks:	nt com			
1	no	0 11				CAUSE OF DEA		aulicia	aver na.	rt sam	API	PROXIMATE IN	
	410	4 4										EEN ONSET A	ND DEATH
			ITION DIRE	CTLY		ARterio	sclerot	ic cardio	vascul	lar dis	ease		
		EADING TO				(A)IMMEDIATE							
	(This does no heart failure,	osthenio, etc	. It meons the	diseose,		DUE TO, OR	AS A CONSEQ	JENCE OF:					
	injury or com	plication whi	ch coused de	oth.)									
	ΔN	TECEDENT	CAUSES			(n)							
	DISEASES O	R CONDITI	ONS. IF ANY	. GIVING		DUE TO, OR	AS A CONSEC	UENCE OF:					
	RISE TO THE	ABOVE CA	USE (A) STA	TING THE							- 100		
2	UNDERLYIN	G CONDIII	ION LASI.			(C)							
읩	422.1		II										
5	TO THE DEA	IFICANT CON TH. BUT NOT	NDITIONS C	ONTRIBUTI	NG NAL								
뜬	DISE ASE OR	CONDITION	GIVEN IN P	ART I (A).						*************			
CERTIFICATION	OA. DATE OF	OPERATIO	N 20B. COI	NDITION	OR WHICH	OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes	or No)
0)										N.	Io	
	2A. EXTERN	NAL CAUSE	WAS	- 1	228. PLACE	F INJURY (e.g.,	in or obout 2	2C. WHERE DID	(If in Boltimo	re City, give e	roct location)		
	UNDERLYING				nome, form, fo	ctory, street, offic	e bldg., etc.) II	NJURY OCCUR?					
	UTING CAL		Doy) (Yeo	r) (Hour	22E.INJU	RY OCCURRED	12	2F. HOW DID IN	JURY OCCI	JR?			
	OF INJURY	,		., (WHILE AT		WHILE						
1	(APPROX.)				m. WORK		ORK						
1	23.		-11 1		1	ction XX Au	🗆		hia haata	daash ta			
		fy that I h		nquiry _				ond that on t					
			latural cau	ses AA	Accident	Suicie	de 🔲 Ho	micide 🔲	Undetermi	ned monner			
		B	1	111	1			CHIEF MEDICAL				DATE SIG	NED
	SIGNATU	IN S DE	word	Q M	1 V82	M.D	ASSI	STANT MEDICAL	EXAMINER	XX			
	EXAMINE					111.1		CIATE MEDICAL	EXAMINER				
	NAME (T		Ed	ward 1	F. Wils	on, M.D.				Jur	ne 16.	1968	
	BURIAL CREM	AATION,	24B. DATE			e of CEMETERY		RY 24D.	LOCATION		vn, or county		ite)
REN	OVAL (Specif	γ)							Balto.	Md.			
0.5	Burial	DV HE ALTO	6/19/	58		uel Luth	eran Ce	UNERAL DIRECT			ADDRESS		
25 A	DATE REC'D	BY HEALTH	DEPT.	258. N	AME OF REC	T C					1		
		JUNI	7 1968	0.50	esto E.	ta bene	Leo	nard J. R	uck In	c. Bal	to. Md	•	
VS I	51-REV. 1/1/6B			7	0		10	0	<i>-</i>				

. D. Congression of the control of decident libraria. Description of the second THE RESERVE THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PROPERTY OF THE PARTY Letter Landson

STATE OF CHILD STATE OF THE The Harman 3313 Allso Rushive BATTIMORE, MARYLAND DISIT 12-31-84 83 FRMA (F CAUCASIAN Marylano \$3163200H Hannod oldust JAME GIFFORD THE RELIEF NO Mass Jones We, Hersburg die ter court, otherwisel Cure maniter Caromina Of the colors

VS 150-REV. 1/1/68

12 / 08/ 08/ 21 Franklinn 1 Lynd Merce as LOGICAL ROLLING - STROKE

201		30 3/4				
		MEDICAL	EXAMINER'S	S CERTIFIC	CATE OF	DEATH
-36	BIRTH NO.		(Pio	tramicz)		
	I. NAME OF DECEASED	n,	. /	12 DATE	Known 3	Manth

BIRTH NO. Pietre	REG. NO.
NAME OF DECEASED	2. DATE Known Manth Day Yeor Hour
ype or Print) MICHAEL RETROUSEH	OF ~ Fig. 1.
. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted 6 14 68 2:00 p.M. 3. DATE Month Day Yeor Hour
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
OSPITAL ADDRESS OR LOCATION) OR INSTITUTION	June 14 1968 2:00 p. M.
or institution	5. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY
Union Memorial Hospital D.O.A.	Maryland 9-04
SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Balto. YES 🔀 NO 🗌
DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs. Manths, Days, Haurs, Min.	E. STREET AND NUMBER
Aug. 19,1888. 30 79	1127 Montpelier St.
1. BRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Poland WHATCOUNTRY?	Unknown
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	
ane during mast of warking life, even if retired)	
Retired Miner (oal Mines	Unknown
6. WAS DECEASED EVER IN U.S. ARMED FÖRCES? 17. SOCIAL	18. INFORMANT ADDRESS
(es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 761-01-8856	Mr. Michael Peters, 1523 E. 35th. St.
119. CAUSE OF DEA	
THE CAUSE OF BEA	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arterios	clerotic cardiovascular disease
LEADING TO DEATH	AUSE
	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	**************************************
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
I UNDERLYING CONDITION LAST	
(c)	
H222. II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A)	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
	AT.
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.,	in or about 22C, WHERE DID (If in Baltimare City, give exact location)
UNDERLYING OR CONTRIB- home, farm, factory, street, office	e bldg., etc.) INJURY OCCUR?
UTING L CAUSE OF DEATH.	
22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY	22F. HOW DID INJURY OCCUR?
(APPROX)	WHILE O
23.	
I certify that I held an Inquiry Inspection XX Au	topsy and that an this basis, death In my apinian
resulted fram: Natural causes XX Accident Suicid	de Hamicide Undetermined manner
Testined Hallin Testines Testines Testines	CHIEF MEDICAL EXAMINER
ACTUAL SX 100 A A MIN	DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER XX
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Edward F. Wilson, M.D.	June 15, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
REMOVAL (Specify) Burial 6/18/68. Parkwood	Cemetery Baltimore, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
HIN 1 7 1000 A O LO IND	Leonard J. Ruck, Inc. Balto. Md. 21214
JUN 17 1968 10 Por 6 2 talken	44939
S 151-REV. 1/1/6B	

particularly a property plant con and the design and

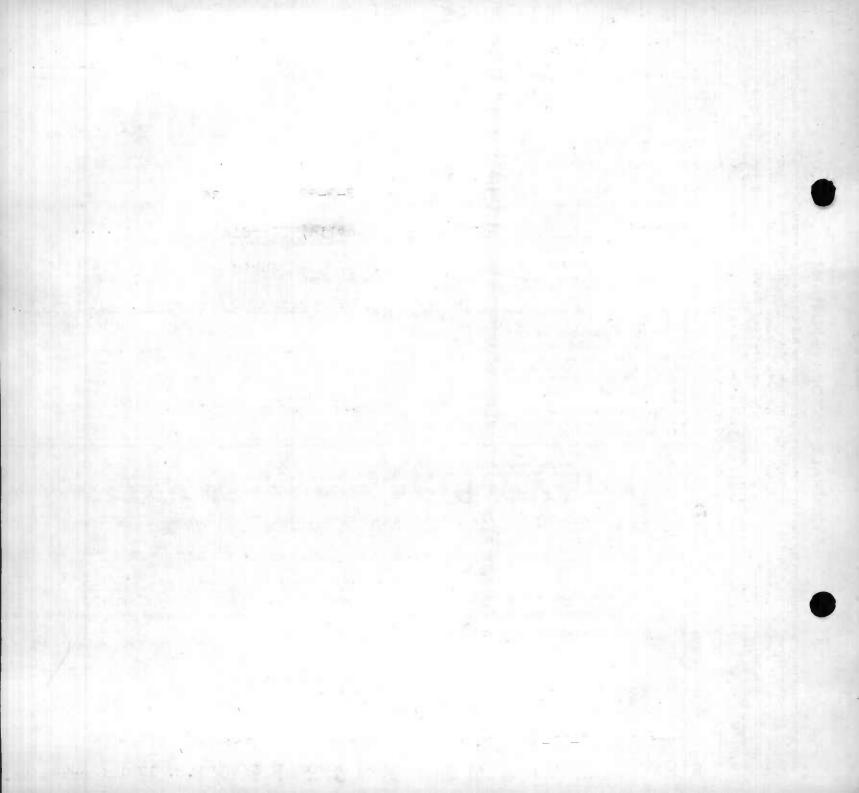
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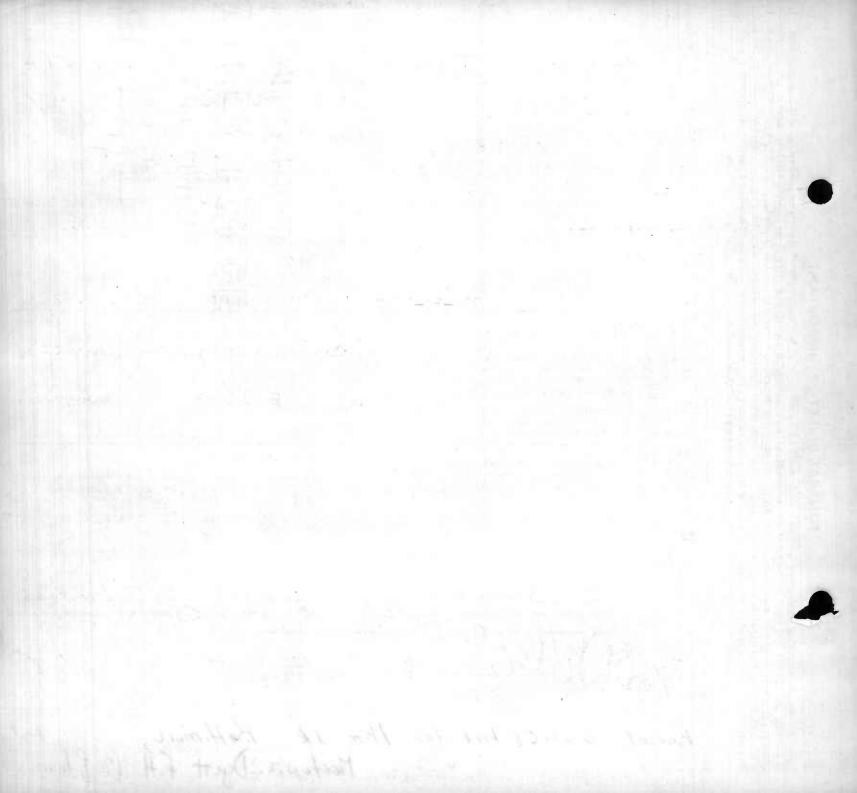
The Man of John of the

1	-	J 20 nn- nc.42	Y HEALTH DEPARTMENT	68- 6242
5 d d d d	BII	TH NO.	ATE OF DEATH REG. NO.	4
of deatl Decease on the		HAME OF DECEASED Harry I. Thronas.	2. DATE AND HOUR OF DEATH	6/17/68 at 2.20
of Dec	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If i	nstitution: residence before odmission)
a haspit cause of se; (5) De endance	Ft. Hi	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN	SIDE CITY LIAMS?
n a g ca iuse iten	2/1/2	B - 1 - 11-25 + 1	Ballimore E. STREET AND NUMBER	YES V NO .
	j =	Bon Secours Hospital	183)	Jemmon st.
trib min gul	B 3.	onale White WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years post birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
E 0 # _ 0	E do	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR'		12. CITIZEN OF WHAT COUNTRY
ar nde de		Engineer	Tenna	U. S. A
W C d	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	2 15	George Deceased Ever in U. S. Armed Forces? 116. SOCIAL	Landis - Elsie	ADDRESS
A D D D	10.	s, no or unknown) (If yes, give wor or dates af service)		ADDRESS
ORT assissiff the into kind kind dence den	-	118. CAUSE OF DEA:	The Chart	APPROXIMATE INTERVAL
O S O O E	5	17-7 0.09		BETWEEN ONSET AND DEATH
S - 20 0 +	E	LEADING TO DEATH	USE MOCArdia Seinfarct p	esterior 2 days
	B	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF Wall of Left is	Entricle
O : E B 2	Ē	ANTECEDENT CAUSES ANTECEDENT CAUSES	· D. Tillat Disc	
F E E + 0 B	9	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:	il years
₩ 9×0 °	B	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)		
DI ical ical is; cia	Sulp	420.1		
- Sy	TION I	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
₩ + F > □ · □	_ <	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19.A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	[20A. AUTOPSY? (Yes or No)] 20B. IF YES, WERE	FINDINGS CONSIDERED
Z E DEFIN	e the	WAS PERFORMED	Yes IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
	Defore	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)	in or obout 21 C. WHERE DID (If In Solemo	ore City, give exoct location
6.2.3.	ed b	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
0 0 0 0	2 8	(APPROX.) While At Not Who	le 🔲	
S S > X E	5	22. I certify that (I) (this haspital) attended the deceased fram	5/15/ 19 68 to 6	117 1968
app to the the and	0	that (1) (we) last saw the deceased alive an 6/17/89		inlan death accurred an the date
0 0	2	and haur and fram the causes stated above. (1) (We) (did) (did not)	view the bady after death.	
ase dea dea	must	23A. SIGNATURE	and an and an and an	23B. DATE SIGNED
5 2 th E b .	- 11	It ashere M. D. DEGREE Ph		6/17/68
was r An a	D > 0 1 d d D 24	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	000 -1
Fice A P	d 24	M. J. Hashem M. D. DEGREI BURIAL CREMATION, 24B. DATE / 24C. NAME of CEMETERY of CI	REMATORY 24D. LOCATION (C	City, tawn, or caunty) (Stote)
		REMOVAL (Specify) 6/19/68 ODD To More	Ban Oit)
, a z z o	25	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR	ADDRESS
This sho was	3	Carlo Carlo Carlo Carlo Carlo	0 74 560 8/101 F.PA	mourland PVS





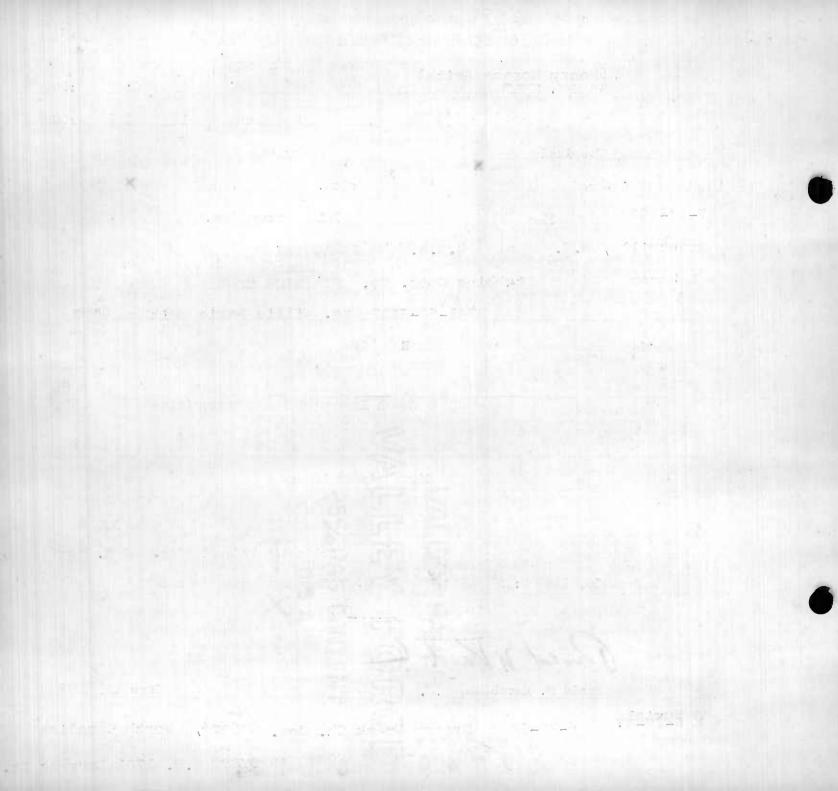
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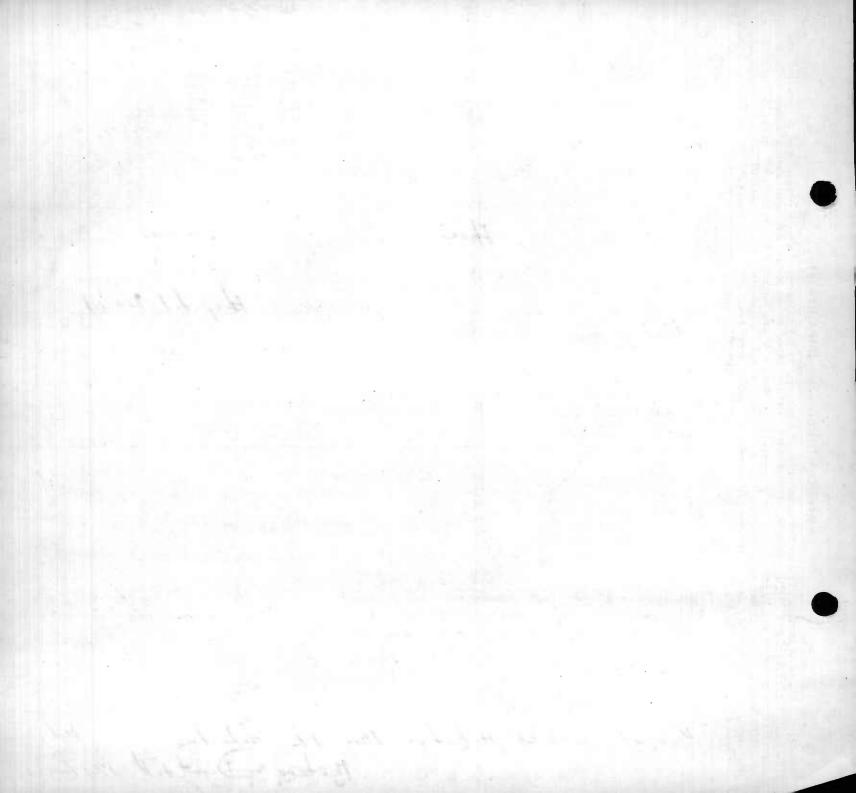


68- 6245 BALTIMORE CITY HEALTH DEPARTMENT

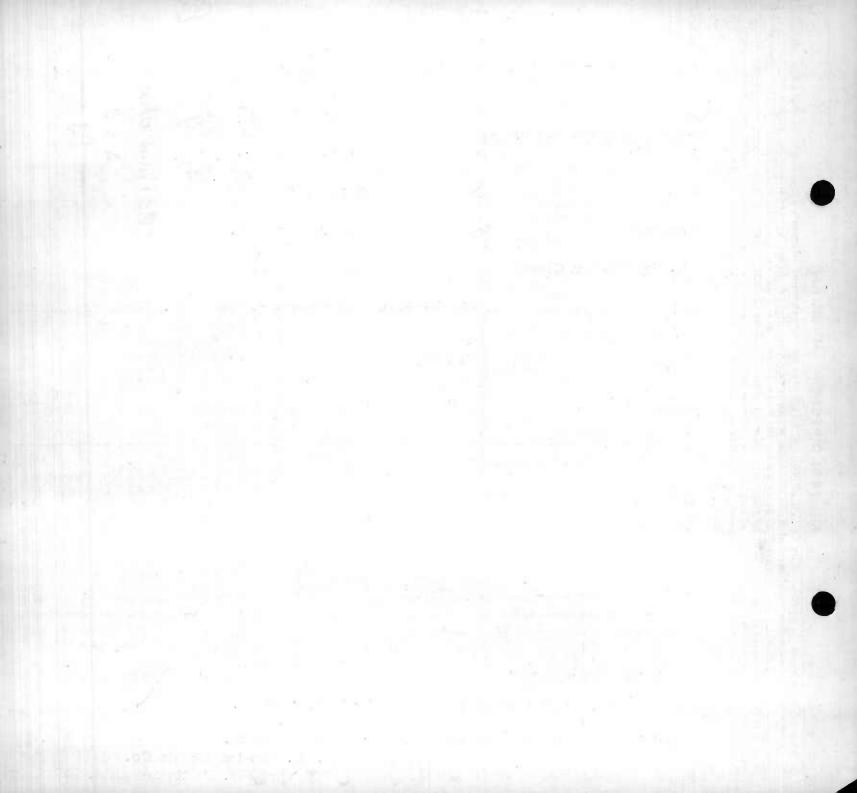
MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH	00
MEDICAL	FVWMIII JEK 2	CERTIFICATE OF	DEATH DEC NO	

			BALTIMORE CITY H					68-	6245	
BIRTH NO.	WEI	DICAL EX	(AMINER'S	CERTIFIC	LATE OF	DEATE	REG. NO.	00	ONTO	
. NAME OF DEC	EASED (HONKIN	Horace	Cmith)	2. DATE	Known 😡	Month	Doy	Yeor	Hour	
Type or Print)	HARRY H.		SHILCH)	OF DEATH	Estimoted	6	15	68	4:30	а м.
. PLACE IN BALT	IMORE, MARYLAND,		UNCED DEAD	3. DATE	IN ICED DEAD	Month	Doy	Yeor	Hour	
ULL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC		ON, GIVE STREET			une	15	1968	4:30	
OR INSTITUTION				5. USUAL RI A. STATE	SIDENCE (Where		d. If institutio	n: residence b	efore odmissio	n)
3/ Me	rcy Hospital			1. 3.012	Marvland				1 .	
. SEX	7. RACE		NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	LIMITS?	1 4	Marin.
Male	Colored	WIDOWED		II DOLLO			Y	ES X 1	NO 🗌	
DATE OF BIRTH	1 10.AGE (nder 1 Yr. If Under 24 Hr: hs Doys : Hours Mir		ND NUMBER					
7-14-19	30 3				24 Cottag	e Ave.				
1. BIRTHPLACE (S	tate or foreign country)		ITIZEN OF VHAT COUNTRY?	13. FATHER'						
Grantvi:	lle, N.C.	· ·	U.S.A.	ISAA	C SMITH					
	PATION (Give kind of wor orking life, even if retired)		BUSINESS OR INDUST	RY 15. MOTHER	'S MAIDEN NAM	AE .				
Lobore			ns Cont.	Co. BE	ATRICE (COMER				
	D EVER IN U.S. ARME	D FORCES?	17. SOCIAL SECURITY NO.	1B. INFORM	ANT		A	DDRESS		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(1, 10), 8110, 101 01 0010		241-50-51	22 Mrs.	Willie	Marie	Smit	h Sa	ame	
19.	1 × X		CAUSE OF DE					APP	ROXIMATE INTER	
DISEASI	E OR CONDITION DIR	ECTLY	Fat Emb	oolism						
	EADING TO DEATH		(A)IMMEDIATE	CAUSE						
	ot meon the mode of d osthenio, etc. It meons th			R AS A CONSEQ	UENCE OF:					
	aplication which coused de					1				
AN	NIECEDENT CAUSES		(B) Crus	sh Injury	of Lower	Extre	mities			
DISEASES	ABOVE CAUSE (A) ST	IY, GIVING	DUE TO, O	R AS A CONSEC	UENCE OF:					
UNDERLYIN	IG CONDITION LAST.	AIING INE	(c)							
5 5 9 3 /	- (a II		(0/							
	TEICANT CONDITIONS		Cirrh	osis of 1	irror					
	TH BUT NOT RELATED TO CONDITION GIVEN IN		CILLIIC	7818 OI .	rrver					
20A. DATE OF	OPERATION 20B. CO	NDITION FOR	WHICH OPERATION V	WAS PERFORM	ED			21. AUTO	PSY? (Yes or h	10)
O .								YES		
	NAL CAUSE WAS	22B. F	LACE OF INJURY (e.g	in or obout 2	2C. WHERE DID	If in Boltimore	City, give ex		4-0	7/
	OR CONTRIB-	lionie	, form, foctory, street, of Building	A:	clington H	ederal	Bldg.	201 N.	Charle	s St
OF INJURY	Month) (Day) (Yes		E.INJURY OCCURRED	2	2F. HOW DID IN.	JURY OCCU	₹?			
(APPROX.)	June 10, 196	8 2:15 v	HILE AT NO	WORK 1	Legs entar	ngled i	n a cal	ble		
23.				(White						7.8
I certi	ify that I held on			utopsy XX	ond that on th	nis basis, c	leoth in my	opinion		
result	ed from: Natural co	uses A	ccident X Suic	ide Ho	micide	Undetermin	ed monner			
1071141	6/	121	////		CHIEF MEDICAL E				DATE SIGNE	D
SIGNATU	JRE / Mole	1 UK	hu V M	.D. ASSI	STANT MEDICAL E	XAMINER	(X			
EXAMINI	ER'S			ASSO	CIATE MEDICAL E	XAMINER [1.5	1000	
	ype) Ronald N			V CDE41470	nv loss	LOCATION		ine 15,		
REMOVAL SPECI		24	C. NAME of CEMETER	T OF CREMATO	240.	LOCATION	(City, tow	n, or county)	(Stote)	
M RAZES	6-2	0-68	Grassy Cr	ceek Ch	Cem C	xford	No	cth Ca	rolina	1
25A. DATE REC'D	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C.	UNERAL DIRECTO	OR		ADDRESS		
	HIN 1 7 1988	IND 1	& Br. Frallen	MO MO	RATION 1& T	YETT	e H	701 T	211805	- CI
	THE REAL PROPERTY.	THE PARTY OF THE P						TATE T	antella	- 2C





68- 6247 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) D. INSIDE CITY LIMITS? YES NO If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If tn Boltimore City, give exoct location) ond that In(my) (**) opinion death occurred on the date 23 B. DATE SIGNED (City, town, or county) Md. ADDRESS 2SC. FUNERAL DIRECTOR LAS SONS CO. 4905 York Rd. Baltimore, Md. 21212 VS 150-REV. 1/1/6B



V.S. 153 6-25-68 M.H.

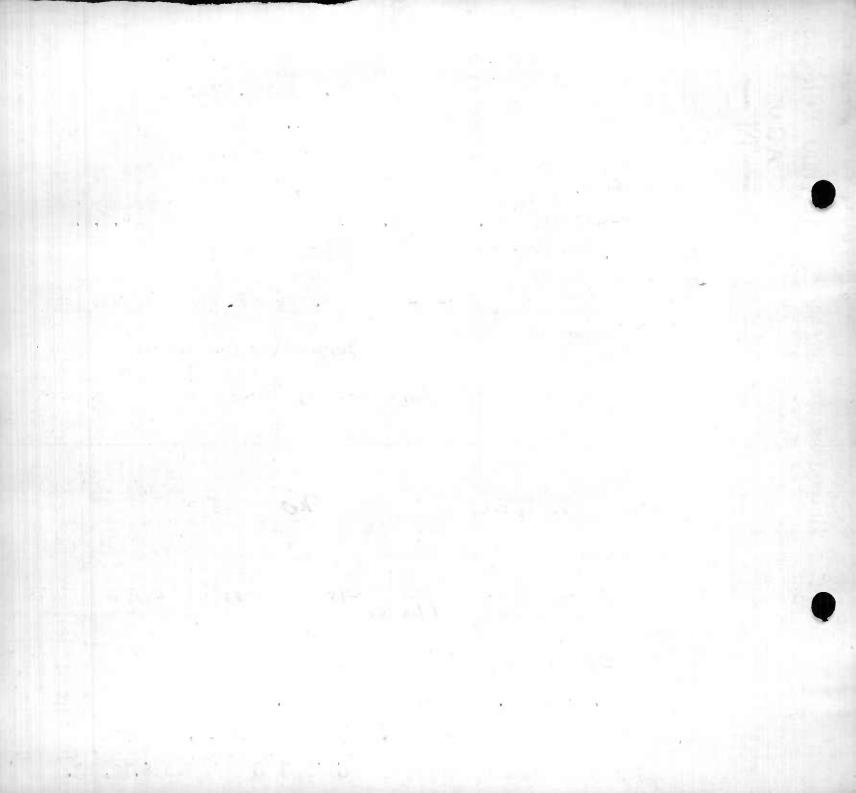
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IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68



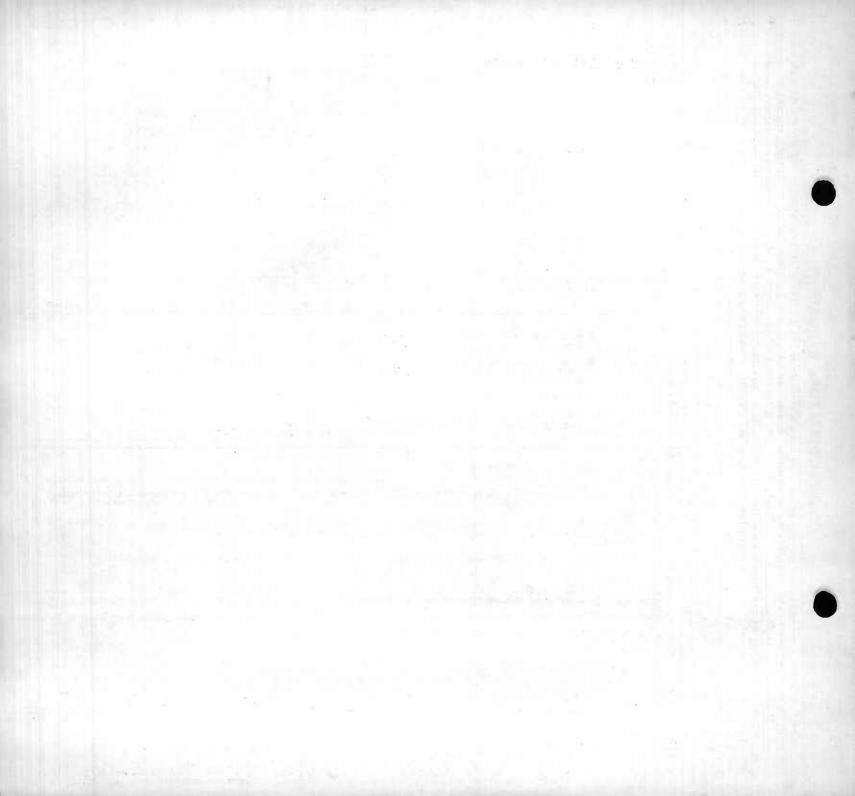
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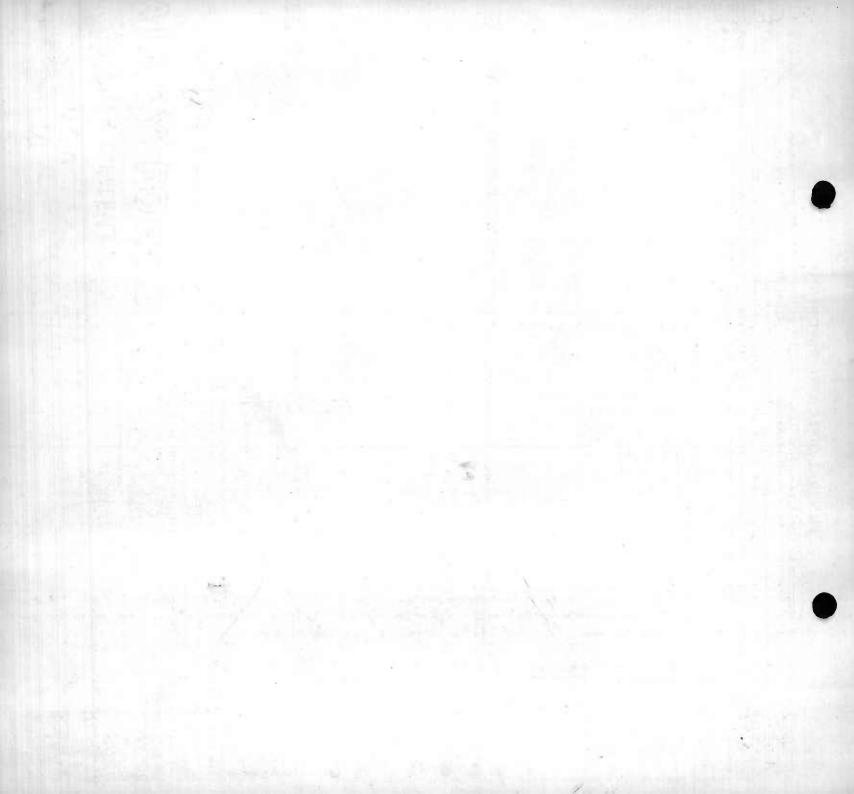
D. INSIDE CITY LIMITS? NO If Under 1 Yr. If Under 24 Hrs. Months Doys 12. CITIZEN OF WHAT COUNTRY? U.S.A. 1200 VALLEY BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimore City, give exact location) and that in (my) (our) opinion death occurred on the date 23B. DATE SIGNED 6.13.68 ADDRESS



VS 150-REV, 1/1/6B

Line of the Muse of House Tog 340 apper milles mil male mass 4 Creens and List andreway 2/3-94-4/39-37 Corrbort Dhambers 61-7 22 87 8-17 Francisco Sara Kennera A Pros.





Roberts Of blocky hips was been Apple berein hand deman season people Failure 31/2 20 80 Epilo 100 30.3 10/11/2 all. 1 have Allen & Kame, NO

1	55- 6256 BALTIMORE CITY HE	ALTH DEPARTMENT	
5-53		CERTIFICATE OF DEATH REG. NO.	68- 6256
	1. NAME OF DECEASED	2. DATE Known S Month Day	Year Hour
	(Type or Print) HATTIE SMITH	OF DEATH Estimoted 6 15	68 9:38 p M.
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD June 15	1968 9:38 pm
	OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If instituti	ion: residence before admission)
	2508 Loyola Southway	A. STATE B. COUNTY Maryland	
	6. SEX 7. RACE 8. MARRIED NEVER MARRIED		CHY LIMITS?
	Female Colored WIDOWED DIVORCED	Balto.	YES NO NO
	9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.		AES L. NOCL
	Man. 72 /910 last birthdoy) Months, Doys, Hours, Min.	2500 7 1 - C +1	
	11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF	2508 Loyo1a Southway	
	Noct P AI A . WHAT COUNTRY?	Saa and Sa H	
	14A. USUAL OCCUPATION (Give kind al work) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	
	done during most of working life, even if retired)	Pillian Com	
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT	ADDRESS
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Mrs. Renabable Hoda	
	19. CAUSE OF DEAT		APPROXIMATE INTERVAL
	4/3, 41		BETWEEN ONSET AND DEATH
		sclerotic cardiovascular dis	ease
	LEADING TO DEATH (This does not meon the mode of dying, e.g., (A) IMMEDIATE C	AS A CONSEQUENCE OF:	
	heort loilure, osthenio, etc. It meons the disease, injury or complication which coused death.)	TS A CONSEQUENCE OF:	
	ANTECEDENT CAUSES (B)	AS A CONSTOUR OF	
	The real results and the real real real real real real real rea	AS A CONSEQUENCE OF:	
	Z UNDERLYING CONDITION LAST. (C)		
	F ル d d・		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
	UL DISEASE OF CONDITION GIVEN IN PART 1 (A)		
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No)
			No
	22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. 22B. PLACE OF INJURY (e.g., home, form, loctory, street, ollice	in or obout 22C. WHERE DID (If in Baltimore City, give e bldg., etc.) INJURY OCCUR?	exact locotian)
	UTING CAUSE OF DEATH.		
	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
100	(ABBROY) WHILE AT NOT	WHILE .	
	23.		
	I certify that I held on Inquiry Inspection XX Aut		y opinion
	resulted from: Natural causes XXX Accident Suicid	de Undetermined monne	
	Pl 17-111	CHIEF MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE SQUARE M.D.	ASSISTANT MEDICAL EXAMINER XX	
	EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
	NAME (Type) Edward F. Wilson, M.D.	J	une 16, 1968 wn, or county) (State)
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, to	wn, or county) (State)
	Burne, 6-20-68 Macks Com	some have	N. Caroline
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS ALC
	JUN 18 1968 Robert E. tarberta	J.R. Joynerd on FA	ADDRESS LANGINE ADDRESS LANGILLO, N.C.
	VS 151-REV. 1/1/68	16 Diwilson, B	Act of Mar
		0 63 0	

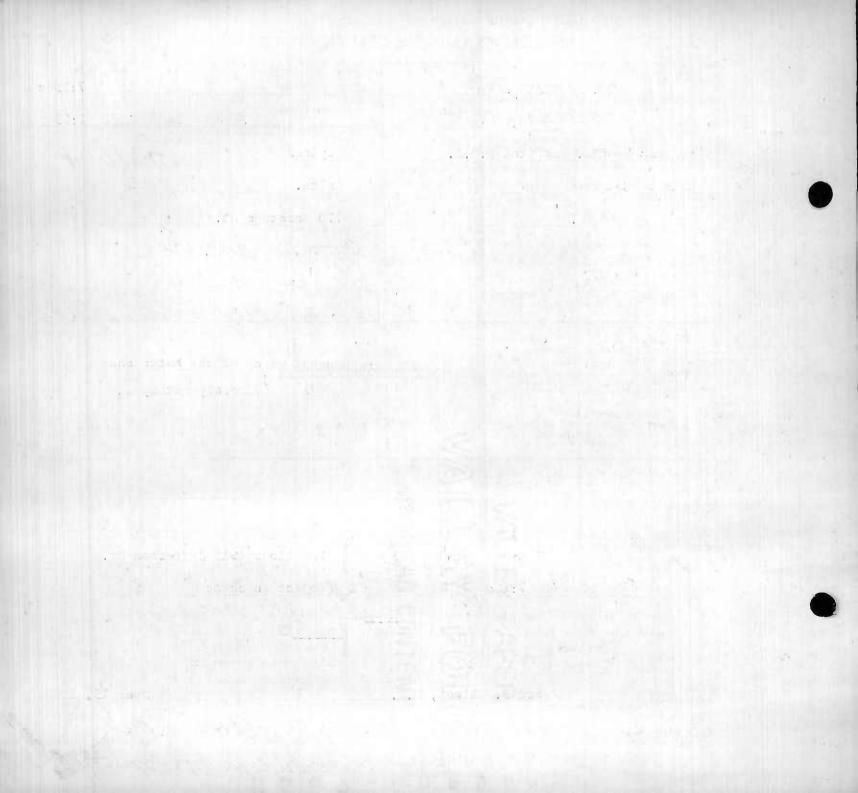
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68- 6257 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EY A MINIED'S	CEPTIFICATI	E OF DEATH
MILDICAL		CENTILICATI	L OI DLAIII.

6	8-	- }	6	2	5	1
-	_				-	

BIE	RTH NO.	REG. NO.	
	NAME OF DECEASED	2. DATE Known X Month Doy	Yeor Hour
	pe or Print)	OF Fallmand C 1/	
-	THOMAS GRAY TR	DEATH Estimoted 6 14 3. DATE Month Doy	68 7:25 р м. Yeor Ноиг
		PRONOUNCED DEAD	1601
НО	LI NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	June 14	1968 7:25 рм.
OR	INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution	n: residence before odmission)
	Johns Hopkins Hospital D.O.A.	A. STATE B. COUNTY	-00
6	SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE C	ITY LIMITS?
	MARKIED 2 THEVER MARKIED		
	Male Colored WIDOWED DIVORCED		ESEX NO L
9.1	DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	E. STREET AND NUMBER	
(1,10 30-141 20	770 Saratoga St.	
1	BIRTHPLACE (State or loreign country) 12. CITIZEN OF	13. FAFHER'S NAME	
	Dr. A mall WHAT COUNTRY?	Mana Chan XI	
144	.USUAL OCCUPATION (Give kind of work] 14B. KIND OF BUSINESS OR INDUSTRY	TE MOTHER'S MAIDEN NIME	•
don	e during most of working lile even if retired)	The small state of the state of	
	Jalou	gland deone	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT	DDRESS
(Te	s, no or unknown) (If yes, give word dates of service) SECURITY NO.	80 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14.2.1.118
	19. CAUSE OF DEA	THE SHOOT THE PLANT	APPROXIMATE INTERVAL
	E 965 X 1		BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		
	LEADING TO DEATH	AUSE Gunshot wound of the aort	a and
	(This does not meon the mode of dying, e.g., heart loilure, asthenia, etc. It means the disease,	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
	injury or complication which coused death.)	pulmonary arter	У
	ANTECEDENT CAUSES (B) DUE TO OR	AS A CONSEQUENCE OF:	
	KISE TO THE ABOVE CAUSE (A) STATING THE	AV A CONTROL OF	
z	UNDERLYING CONDITION LAST. (C)		
CERTIFICATION	EGUIY II		
 	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ll 문	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
F	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
18			
بـ		Loos Milens and Anna Li	YES
10	22A EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- 22B. PLACE OF INJURY (e.g., home, larm, loctory, street, office	in or obout 22C. WHERE DID (II in Boltimore City, give ex bldg., etc.) INJURY OCCUR?	oct locotion)
MEDI	UTING CAUSE OF DEATH. House	2nd floor 1915 Jeffers	on St.
ĮΣ	22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	(APPROX.) 6 14 68 7:10 WHILE AT NOT	Subject in chest	
	(APPROX.) 6 14 68 7:104 WORK AT W	ORK A Subject III CHEST	
		ond that an this basis, death in my	oninion
	resulted from: Notural couses Accident Suicio		
	1 1 1 1 1 1	CHIEF MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER	DAIL SIGNED
	SIGNATURE M.D	ASSOCIATE MEDICAL EXAMINER	
	NAME (Type) Edward F. Wilson, M.D.	ASSOCIATE MEDICAL EXAMINER	June 15, 1968
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D, LOCATION (City, tow	in, or county) (Stote)
	MOVAL (Specify)	· new or	2 ()
/		Mars all PM Bre I dille a	MILLA
	ange 10-19-68 / whiles 11	Mouse IN Institutes !	re
25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C FUNERAL DIRECTOR	ADDRESS
25		255 FUNERAL DIRECTOR	ADDRESS
25	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR JUN 18 1968 Cleab 2, Galley 18	25 FUNERAL DIRECTOR Dipy Owline 1000 P	ADDRESS CHESTLY OF



68	6258
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B	MEDICAL EXAMINER'S (CERTIFIC	ATE OF	DEATH	REG. NO			
	NAME OF DECEASED	2. DATE	Known 🔯	Month	Doy	Yeor	Hour	
	Pe or Print) HORACE WRIGHT	OF						
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH 3. DATE	raillioted C	June 12	1908 Doy	Yeor	Hour	М.
II	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET		ICED DEAD			Teor	noor	
HC	SPITAL ADDRESS OR LOCATION)		IDENCE (Where	June 12		residence h	10:25	4111
3	1039 N. Rutland Avenue	A CTATE	ryland		COUNTY	1)4	-
6.	SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TO	NWC	D	INSIDE OT	LIMITS?	-	
	Male Negro widowed Divorced D	I.	ltimore		YES	X	10 🗆	
9.	DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. 47		D NUMBER 39 N. Ru	tland Av	renue			
11.	BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. CATHER'S	NAME	11 -	11			
	P (1) M. WHAT COUNTRY?	MA	min	Waldel	1			
144	USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTR'	Y 15 MOTHER'S	MAIDEN NA	ME	1			
don	eduring most of working tre, even if retired)	Deal	411	20				
16	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMA	NIT		ADI	notes		
(Y e	s, no or unknown) (If yes, give war gradates of service) SECURITY NO.		1.1.	11	AUI	1000	. 0	
_	10	can	e wie	efet -	/	a	PROXIMATE IN	75 00/41
	19. 431.9 1 CAUSE OF DEA	TH	6				EEN ONSET AN	
	DISEASE OR CONDITION DIRECTLY	- 03						
	LEADING TO DEATH (A)IMMEDIATE (CAUSE Intr	acerebra	l hemori	hage			
		AS A CONSEQUE	NCE OF:					
	injury or complication which coused death.)							
	ANTECEDENT CAUSES (8)							
	DISEASES OR CONDITIONS, IF ANY, GIVING (B) DUE TO, OR	AS A CONSEQU	ENCE OF:					
	KISE TO THE ABOVE CAUSE (A) STATING THE							
Z	UNDERLYING CONDITION LAST. (C)							*****
ERTIFICATION	33/X II							
5	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL					394		
뜬	DISEASE OR CONDITION GIVEN IN PART 1 (A).	**************						
12	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED				21. AUTO	PSY? (Yes o	r No)
U	2					Y	es	
∥₹	22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g.,	in or obout 220	WHERE DID	(if in Boltimore C	ity, give exoct	location)		
MEDIC	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	e blag., erc.) IIVJ	ORT OCCUR!					
Σ		22F	. HOW DID IN	JURY OCCUR?				
		WHILE						
	23. m. WORK AT V	VORK						
		tapsy X	and that an t	his basis, de	ath in my a	pinian		
	resulted fram: Natural causes X Accident Suicio			Undetermined		1		
	resulted fram: Natural causes (A) Accident () Suicident					,		
	ACTUAL (%)		HEF MEDICAL I	_	1		DATE SIGN	1ED
	SIGNATURE MALE MALE).	ANT MEDICAL I	EXAMINER X				
	EXAMINER'S Charles S. Springate, M.D.	ASSOC	IATE MEDICAL	EXAMINER _	J Ju	ne 13	, 1968	
-	NAME (Type)	CDEALATOR	1010	LOCATION	le:		10.	
	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY	ar CKEMATOR	/ 24D.	LOCATION	(City, town,	or kounty	(Stot	0)
1	Bunk 6-18-68 Proll M	U (but	1	Dalli	mi	/		
25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C, FU	NERAL DIRECT	OR /	AD	DRESS		
	JUN 18 1968 (1.0. 4 9 Fr. a. 18	Al.	w. Bli	11/1	1000	2.	10	40

VS 151-REV. 1/1/68

	68-	6259
J.,		

BIE	RIH NO.	REG. NO.
1.	NAME OF DECEASED	2. DATE Known & Month Day Year Hour
(Ту	MARY LOUISE BIANCO	OF CHILDREN
4.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimated 6 12 68 9:00 a.M. 3. DATE Month Doy Yeor Haur
	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HO	SPITAL ADDRESS OR LOCATION) INSTITUTION	June 12 1968 9:00 a M.
	IN SHORE IT	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
	1415 John St.	Maryland / 4-0/
6.	SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
F	emale White WIDOWED DIVORCED	Balto. YES XX NO
	DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
	ind //3/4/0 last birthday) Months, Doys, Hours, Min.	4/4 4 -
11.	BIRTHPLACE(State or fareign country) 12. CITIZEN OF	1415 John St.
	WHAT COUNTRY?	100
1	46100 1X/+ P/+ 12/5/+	DR. WILLIAM COHWAY
	. ÜSUAL OCCUPATION (Give kind af work) 14B. KIND OF BUSINESS OR INDUSTRY e during most of warking life, even if retired)	I I I MOTHER 3 MAIDEN NAME
		E6/1/
	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
	Mo -	UR. WILLIAM GONVYAY
	19. CAUSE OF DEA	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Overdose	e of Thorazine
	LEADING TO DEATH	
	(A)IMMEDIATE C	CAUSE AS A CONSEQUENCE OF:
	heart failure, asthenia, etc. It means the disease, Injury or complication which coused deoth.)	A CONTRACTION OF THE CONTRACT
	ANTECEDENT CAUSES (B)	
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
7	UNDERLYING CONDITION LAST. (C)	
<u>ō</u>	E COLO COLU	
A	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
윤	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
CERTIFICATION	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21. AUTOPSY? (Yes or No)
$\ddot{\sigma}$	a land	
A	22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	, in or obaut 22C. WHERE DID (If in Boltimore City, give exact location)
EDICAL		ce bldg., etc. INJURY OCCUP? 1415 John Street
ME	OTING LI CAUSE OF DEATH.	22F. HOW DID INJURY OCCUR?
_	22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY 6 11-12 68 27 WHILE AT NOT	T WANTE - Or and a sea of Mile and in a
	(APPROX.) 6 11-12 68 ?? m. WHILE AT NOT AT W	Overdose of Thorazine
	23.	570
		otopsy 🖎 and that on this basis, death In my apinion
	resulted from: Natural causes Accident Suicia	de X HomicIde Undetermined manner
	0 1 1	CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNATURE hold Mouth m.D	ASSISTANT MEDICAL EXAMINER XXX
	EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
	NAME (Type) Ronald N. Kornblum, M.D.	June 12, 1968
	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
KE	MOVAL (Specify)	the aut to De a no office.
2	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR/ ADDRESS
20		25C. FUNERAL DIRECTORY ADDRESS
	JUN 18 1968 R. Cout E. Janes	Hesky Jok 100 Harford front

VS 1Sf-REV. 1/1/68

68- 6260 BALTIMORE CIT	TY HEALTH DEPARTMENT	CO_ COCO
	'S CERTIFICATE OF DEATH RE	G NO.
BIRTH NO.		
1. NAME OF DECEASED (Type or Print) DANIEL SNYDER	OF Estimoted June 16,	1968 Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD Mune 16,	1968 4:20 P. M.
Baltimore City Hospital	5. USUAL RESIDENCE (Where deceosed lived. If i A. STATE B. CO Marvland	
6. SEX 7. RACE 8. MARRIED NEVER MARRIE	D. IN	ISIDE CITY LIMITS?
Male White WIDOWED DIVORCE		YES NO
9. DATE OF BIRTH [10. AGE (fn years If Under 1 Yr. If Under 2	24 Hrs. E. STREET AND NUMBER	113 23 140 23
7/23/29 lost birthdoy) Months, Doys, Hours	3539 Cliftmont Aven	53-0
11. BIRTHPLACE(Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	ue
WHAT COUNTRY?	Merris	
Va 190.		
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR IND dong Quring most of working life, even if retired)	1	
Cab Driver -	Helen JorDAN	
to. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no og unknown) (If yes, give wor or doles of service) SECURITY NO	18. INFORMANT	ADDRESS
12.5	Merele PNYDER	
19.1 11 CAUSE OI	F DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Hypert	tensive and arteriosclerotic	
LEADING TO DEATH	dianasa	carato va scarar
(A)IMMEL	DIATE CAUSE O, OR AS A CONSEQUENCE OF:	
heort foilure, osthenio, etc. It means the diseose, injury or complication which coused death.)	o, or as a consequence or.	
injery or complication which could do nity		
ANTECEDENT CAUSES (8)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE	O, OR AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
Ō		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED	2f. AUTOPSY? (Yes or No)
		Ma
₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJUR	Y(e.g., in or obout 22C. WHERE DID (if in Boltimore City,	No No
O INDEDIVING TOP CONTRIB. home, form, foctory, street	et, office bldg., etc.) INJURY OCCUR?	give executioning
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.1NJURY OCCU	IRRED 22F. HOW DID INJURY OCCUR?	
OF INJURY	NOT WHILE	
(APPROX.) m. WORK	AT WORK	
23.		
I certify that I held on Inquiry Inspection X	Autopsy ond thot on this bosis, deoth	in my opinion
resulted from: Notural couses Accident	Suicide Homicide Undetermined m	onner
10 11	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE (LOV)	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
		Tuno 17 1060
EXAMINER'S Charles S. Springate, M.I.	J. ASSOCIATE MEDICAL ENGINEER C	June 17, 1968
	ETERY or CREMATORY 24D. LOCATION (C	City, town, or county) (Stote)
REMOVAL (Specify) 6:/31/18 Ball	Not'L De 140	K1/
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAD	25C. FUNERAL DIRECTOR	ADDRESS .
TOO. TAKE OF THE OWNER, THE OWNER	LOC. I DITEM DIRECTOR	- C) V

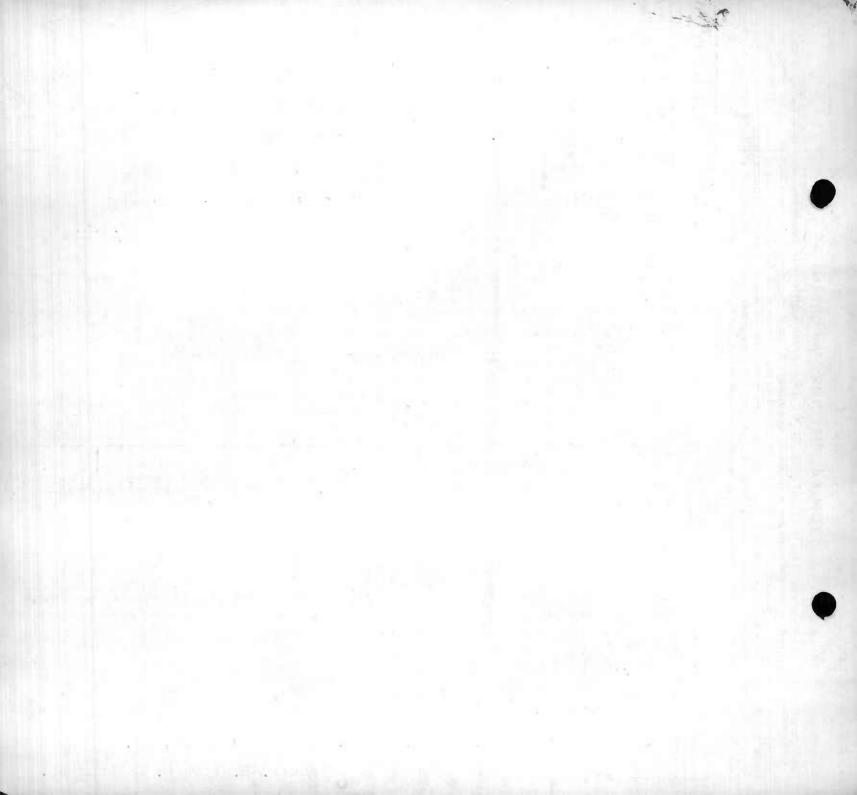
68- 6261 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH

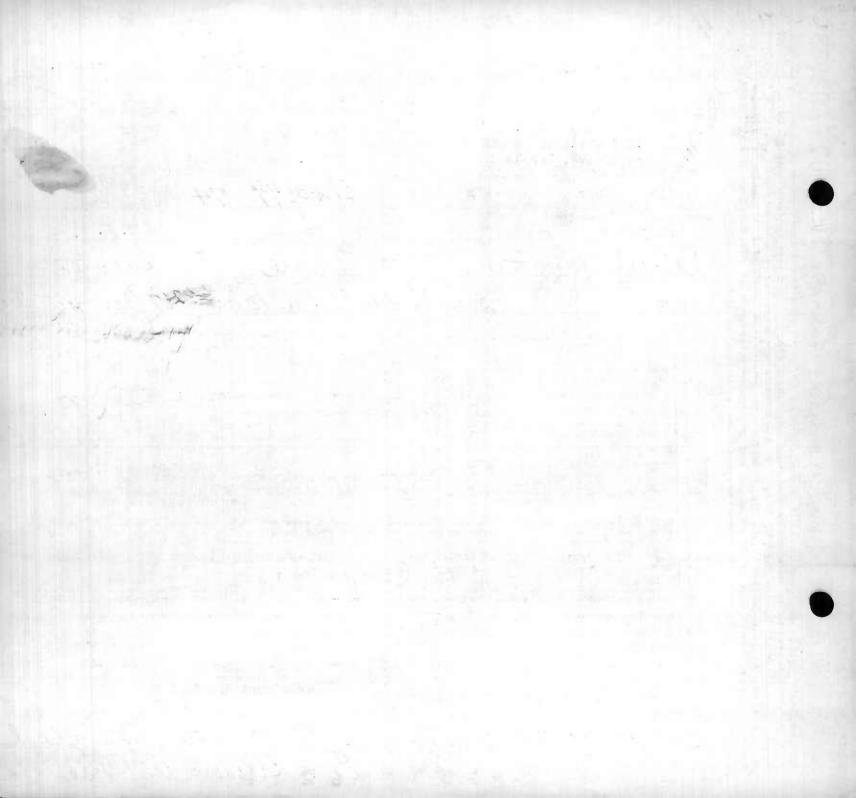
68- 6261

BIR	TH NO.		MILD	ICAL	LAZ	WIII AEK 3	CLKIIII	CAILO	I DLA	REG. NO.			
	NAME OF DEC						2. DATE OF	Known 📉	Month	Doy	Yeor	Hour	
(17)	e or riving	<u></u>	VARREN	G. JC	OHNSC	N	DEATH	Estimoted [June	17, 1968	,		М.
	LACE IN BAL						3. DATE	UNCED DEAD	Month	Doy	Yeor	1	
HO!	L NAME OF SPITAL INSTITUTION	ADDRE	SS OR LOCA	IL OR INST	IIUIION,	GIVE STREET				17, 1968			5 A. _{M.}
ć	50		Bentalo		01		A. STATE	laryland		B. COUNTY	5	-01	1
6. 5	EX	7. RACE		B. MARRI	ED 🚺 N	VEVER MARRIED	C. CITY OF			D. INSIDE CI	ry limits	?	
	Male	Negro		WIDOW		DIVORCED .	1	altimore		~ .YE	s X	NO.	
	lav 20.	1908	10. AGE (In lost birthdo)	yeors	If Under Months	1 Yr. If Under 24 Hrs. Doys Hours Min.		AND NUMBER 910 Bent	alow S	treet			
11.	BIRTHPLACE (S	tote or foreig			12. CITIZ		13. FATHER						
	Mary	land			U.S	T COUNTRY?	Sam	uel E.	Johns	on			
14A	USUAL OCCU	PATION (Give	e kind of work	4B. KIND	OF BUS	INESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN N	AME				
JOHE	doring moster w	orking life, ev	en irrenirea)				Rac	hel Dor	sev				
16.	WAS DECEASI	ED EVER IN	U.S. ARMED	FORCES	? 17.	SOCIAL SECURITY NO.	IB. INFOR			AL	DRESS		
1,00	No	(11 Yes, Give w	or or doles	or service)	21		Le	vadia J	ohnso	n Sam	е		
	19.412	.41				CAUSE OF DEA						APPROXIMATE	
		OR COND	ITION DIREC	CTLY		Arteriosc	lerotic	cardiov	rascula	r disease	3		
		LEADING TO				(A)IMMEDIATE	CAUSE						
	heort foilure,	ot meon the osthenio, etc.	. It meons the	diseose,			AS A CONSEC	UENCE OF:					
	injury or com	plication which	th coused deo	th.)									
	AN	NTECEDENT	CAUSES			(B)							
	DISEASES C	ABOVE CAL	ONS, IF ANY	GIVING		DUE TO, OR	AS A CONSE	QUENCE OF:					
7		G CONDITI				(C)							
흔	4.22,1		11		-								
3	OTHER SIGN	IFICANT CON	IDITIONS CO	NTRIBUT	ING								
E	DISEASE OR	CONDITION	GIVEN IN PA	RT 1 (A).		(
CERTIFICATION	20A. DATE OF	OPERATION	1 20B. CON	IDITION	FOR WH	ICH OPERATION W	AS PERFOR!	MED			21. AU1	TOPSY? (Ye	s or No)
	0											No	
0	22A. EXTERI UNDERLYING	OR CON			22B. PLA home, for	CE OF INJURY (e.g., m, foctory, street, offi	in or obout ce bldg., etc.)	22C. WHERE DI NJURY OCCUR	D (If in Boltin	nore City, give exo	ct locotion)	
MED	UTING CA	USE OF DEA	TH.		. 1								
2	OF INJURY	Month) (D	loy) (Yeor) (Hour) 22E.1	NJURY OCCURRED	WHILE -	22F. HOW DID	INJURY OC	CUR?			
	(APPROX.)				m. WOR	K AT V	VORK						
	23.	ify that I h	eld on li	nquiry [spection X Au	otopsy 🗌	and that or	this bosi	s, deoth in my	opinion		
	result	ed from: N	otural cou	ses X	Acci	dent Suici		omicide 🔲		mined monner			
	4.071141	01	1	1,	1,			CHIEF MEDICA	L EXAMINE			DATE SI	GNED
	SIGNATU	JRE	wind	2, 4	1	70 (M.	ASS	STANT MEDICA	L EXAMINE	R X			
	EXAMINI NAME (T	er's Cl	narles	S. Si	pring	gate, M.D.	ASSO	OCIATE MEDICA	L EXAMINE	R 🗆	June	17, 19	68
	BURIAL CREA		4B. DATE		24C. N	IAME of CEMETERY	or CREMATE	DRY 24	D. LOCATIO	ON (City, town	, or coun	ty) (5	itote)
	MOVAL (Specif Burial	у)	6/20	/68	1	rbutus M	em. Pk		Δν	butus,	Md		
	DATE REC'D	BY HEALTH [REGISTRAR		FUNERAL DIRE			DDRESS		
	9	un 1 a	1068	12.05	6-10	Ha Bush		Lson B.		48 N. Ca	alho	un St	
	J	UN AO	1300	A LOKAS	1000	De Marie Contract of	IV S	racht n.	11/	40 110 00			

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00	BALTIMORE CITY	HEALTH DEPARTMENT		68- 6263
68- 6	263 CERTIFICA	TE OF DEATH	REG. NO	00 0200
BIRTH NO. 1. NAME OF DECEASED	CERTIFICATION		D HOUR OF DEAT	ш
(Type or Print)				
Douglas Martha 3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	6-13	3-68	institution: residence before odmission)
S. PLACE IN BALINORE MARILAND, WHERE PA	ONOUNCED DEAG	A. STATE B. COUNT	ry	1 / State live Below Commission
FULL NAME OF (IF NOT IN HOSPITAL OR 11 HOSPITAL OR 12 ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Maryland		1401
INSTITUTION		C, CITY OR TOWN	D. 10	SIDE CITY LIMITS?
Provident Hospital		Baltimore		YES X NO
37 1514 Division Stre	et	E. STREET AND NUMBER		
Baltimore, Marylan	nd	309 W. Mosher	r Street	
5. SEX 6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
	WED TO DIVORCED	3/23/94	ost offindoy)	Min.
OA. USUAL OCCUPATION (Give kind of work 10B, KIN		11. BIATHPLACE State of foreig	n country)	12. CITIZEN OF WHAT COUNTRY
one during most of working life, even if retired)				
Unemployed		Virginia		U. S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE 3	11
111111am \$40 00 to	1)	11'N M 10	,	X/11/00
5. Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(es, no or unknown) (If yes, give wor or dotes of ser	SECURITY NO.	1) . 6	1 29	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
UD	217-54-134	1 Cure la	se Jy	1 Gosemile U
18.//2/10	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	/	1 - 7/		SEIWEEN ONSEI AND DEAT
LEADING TO DEATH	(A) IMMEDIATE CAL	which Itims	making a	3/2 who
(This does not mean the mode of dying,	e.g., DUE TO OR AS	A CONSEQUENCE OF:		
heart failure, asthenia, etc. It means the dis	ease,			
	//	71.	h h	
ANTECEDENT CAUSES	(B) Jy	uleston 100	ander De	en by
DISEASES OR CONDITIONS, if any, g	· · · · · ·	A CONSEQUENCE OF:		
rise to the obove cause (A) stating UNDERLYING CONDITION tost.	(C)			
2217	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING A	4		
IO THE DEATH BUT NOT RELATED TO THE TERMI		lined ater	oselman	i Proposer
✓ DISEASE OR CONDITION GIVEN IN PART 1 (A). □ 19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208 IF VEC WEE	E EINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 21A, ACCIDENT WAS UNDERLYING	FOR WHICH OPERATION	NO	IN CERTIFYING	E FINDINGS CONSIDERED CAUSES OF DEATH?
ZIA ACCIDENT WAS INDEAUNING	23.0 81 4.05 05 15111121/			
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	fice bldg., INJURY OCCUR?	(If in Boltin	nore City, give exoct location)
DEATH (notify medical examiner)	etc.)			
O 21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
S OF INJURY	While At - Not While	e 🗖		
(APPROX.)	Work At Work			
22. I certify that (1) (this hospital) attend	ded the deceased from	5-20-68	9 to 6	-13-68
that (I) (we) last sow the deceosed olive				pinian deoth occurred on the dot
			(my) (our) 0	Primer decili occultan dii tila doi
and hour and from the couses stated abo	ve. (I) (We) (did) (dId not) \	lew the body after death.	Date of the Control	
23A. SIGNATURE				23 B. DATE SIGNED
Roland J. Amer	1 04	ending Med. Director	Shoff Phys.	6-13-68
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS		
ALAAAR (T)	T, M.D	Providen	t Hospital	
	DEGREE		ision Stre	
	4C. NAME of CEMETERY OF CR	EMATORY 24D. JC	CATION	(City, town, or county) (Stote)
POLLA OF COLOMBIA	he hutter he	1 Pt /1	chiltr.	MI I. C
25A, DATE REC'D BY HEALTHY DEPT. 25B, NA	ME OF RECISTRAD	M M W	mulls	, mary association
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	250 FUNERAL DIRECTOR	9	ICACIII DA
JUN 18 1968 (1)	a tr E extargental	Carle Kik	more 1	OLIN'NORTH &
VS 150-REV. 1/1/6B		0 2 0 4		



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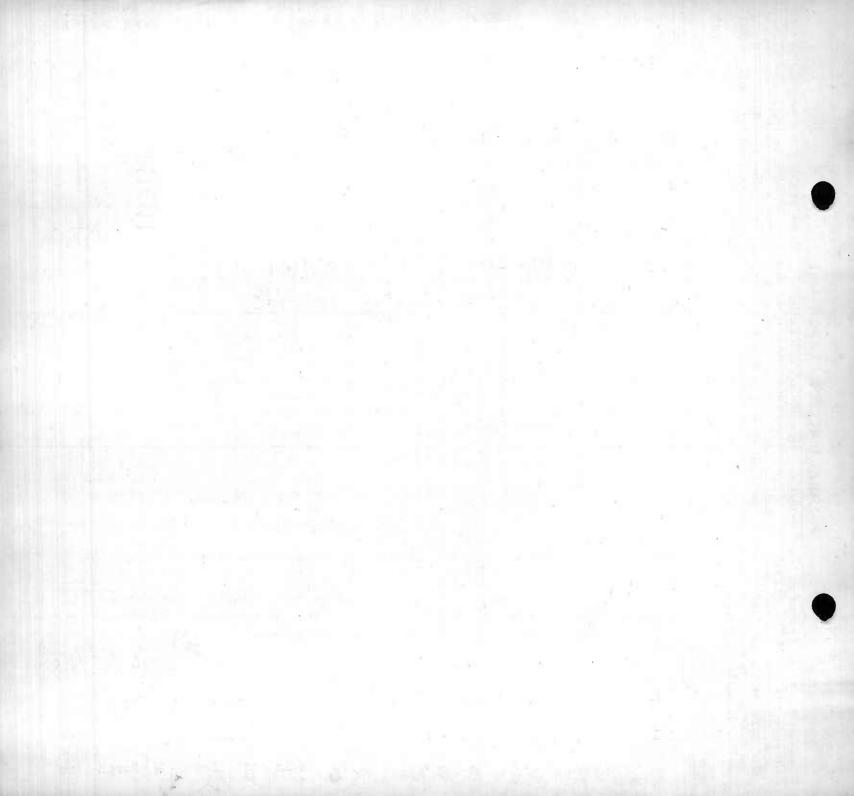
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NO

ROSANIA MODERA 1537 17 B. T.

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68- 6266

O	DALIMORE CITT	IEAEITI DEI AKTMEN			00
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH,	68-

	68-6266 BALTIMORE CITY HE	60 0000						
	MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.						
	RTH NO.							
	NAME OF DECEASED of Print PANNER (CIRCUPATED SUMMORVILLE)	2. DATE Known Month Doy Yeor Hour						
	FANNTE (SUMMERFIELD)	DEATH Estimoted 6 16 68 12:28 aM.						
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour PRONOUNCED DEAD						
HC	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL ADDRESS OR LOCATION)	June 16 1968 12 • 28#						
OR	INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived, if institution: residence before admission)						
	Franklin Sq. Hospital D.O.A.	A. STATE Maryland B. COUNTY / 90/						
6.	SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
F	emale Colored WIDOWED DIVORCED	Balto.						
	DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	123 110 2						
	lost birthday) Months, Days, Hours, Min.	1605 W. Mulberry St.						
11	9/19/02 65 11 1 BIRTHPMACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME						
11.	Maryland WHAT COUNTRY?	13. FAITIER 3 IVAME						
	.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY	George Wilson						
don	.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY e during most of working life, even if retired)	715. MOTHER'S MAIDEN NAME						
		Victoria Turner						
	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no or unknown)((If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS						
		b Mildred Long 2424 W. Baltimore St.						
	19. 4 12 41 CAUSE OF DEA							
	DISEASE OR CONDITION DIRECTLY Arter	riosclerotic cardiovascular disease						
	LEADING TO DEATH (A)IMMEDIATE C	ALISE						
	(This does not mean the made of dying, e.g., DUFTO OR	AS A CONSEQUENCE OF:						
Н	heart failure, asthenia, etc. It means the disease, Injury or complication which coused death.)							
	ANTECEDENT CANCEC							
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING (B) DUE TO, OR	AS A CONSEQUENCE OF:						
	RISE TO THE ABOVE CAUSE (A) STATING THE							
Z	UNDERLYING CONDITION LAST. (C)							
1	422.1							
S	OTHER STONIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
분	DISEASE OR CONDITION GIVEN IN PART 1 (A).							
CERTIFICATION	20 A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)						
	D	No						
MEDICAL		in or obout 22C. WHERE DID (If in Boltimore City, give exact location) to bidg., etc.) INJURY OCCUR?						
ă	UNDERLYING OR CONTRIB- home, form, foctory, street, office UTING CAUSE OF DEATH.	e blag, etc.)						
Σ	22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?						
		WHILE						
	23. m. WORK AT W	VORK						
	I certify that I held an Inquiry Inspection XX Au							
	Testified Holling Educated Accident Societies	CHIEF MEDICAL EXAMINER						
ACTUAL ST.								
	SIGNATURE M.D	ASSISTANT MEDICAL EXAMINER						
	EXAMINER'S	ASSOCIATE MEDICAL EXAMINER						
-	NAME (Type) F.dward F. Wilson MD. A. BURIAL CREMATION, 1248, DATE 124C, NAME of CEMETERY	or CREMATORY 24D, LOCATION (City, town, or county) (State)						
	MOVAL (Specify)							
	Burial 6/19/68 St. Steven	Baltimore Co., Maryland						
25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS						
	JUN 18 1968 Robert E. tarlieum	Charles A. Rice 661 W. Barre St.						

VS 151-REV. 1/1/68

DEWLYTAN

noally engen

Victoria Turner

217-CR-5222b Mildred Long 2014 H. Delfingred H.

St. Stevens

Charles A. Rice 661 W. Sernellis.

. . .

Baltingere Co., Maryland

68-6267

BIRTH NO.		MLDICAL	EXAMINATE 2	-LKIIII	CAILO	I DLAI	REG. NO			
NAME OF DEC	EASED	THOMAS .	JONES	2. DATE OF	Known 🗌	Month	Doy	Yeor	Hour	
DIACE INI RAI	TIMODE MADVI		ONOUNCED DEAD	DEATH 3. DATE	Estimoted L	Month	Doy	Yeor	Hour	М.
ULL NAME OF IOSPITAL OR INSTITUTION	(IF NOT IN		ITUTION, GIVE STREET	PRONC	UNCED DEAD	June	17, 19	68	5:3	5 A _M .
カア	31 W. Cro	oss Street		A. STATE	Maryland	7311	B. COUNTY	2	3-0	1
. SEX	7. RACE		IED NEVER MARRIED	C. CITY O	- W		D. INSIDE C	ITY LIMITS?		
Male	Negro	WIDOW			Baltimor	e	1	ES X	NO 🗌	
B/5/1	H 10.	AGE (In years t birthdoy) 50	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET	AND NUMBER	roce St	root			
I. BIRTHPLACE (S	carolin	ountry)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER			1666			
4A.USUAL OCCU	PATION (Give kind Prking life, even if	d of work 148. KIND	OF BUSINESS OR INDUSTRY		er's MAIDEN N	AME				
6. WAS DECEAS	ED EVER IN U.S.	ARMED FORCES	? 17. SOCIAL	18. INFOR	MANT		A	DDRESS		
(es, Nor unknown)	(If yes, give word	or dotes of service)	SECURITY NO.		elle Jo	neg	131 W.	Cros	e St.	
19. 2.1	4 11		CAUSE OF DEA		0 1 1 0 0 0	1100	TOT He	AF	PPROXIMATE IN	
DISEASES O	NTECEDENT CAU OR CONDITIONS E ABOVE CAUSE NG CONDITION	S, IF ANY, GIVING	(B)	AS A CONS	QUENCE OF:		<u>, </u>			
422,	/ 11		(-)							
TO THE DEA	ATH BUT NOT REL	TONS CONTRIBUT ATED TO THE TERMI EN IN PART 1 (A)		** *** *** *** *** *** *** *** ***						,
u) ~)	OPERATION 20	OB. CONDITION	FOR WHICH OPERATION WA	AS PERFOR	MED			21. AUTC	OPSY? (Yes o	r No)
								Ye	S	
UNDERLYING	NAL CAUSE WAS OR CONTRIB USE OF DEATH.		22B. PLACE OF INJURY(e.g., home, form, foctory, street, office	in or obout e bldg., etc.)	22C. WHERE DI	D (If in Boltimo	ore City, give e	coct locotion)		
-	(Month) (Doy)	(Yeor) (Hour	WHILE AT NOT	WHILE	22F. HOW DID	INJURY OCC	UR?			
23.			m. WORK AT W	ORK						
I cert	ify that I held	on Inquiry	Inspection Au	tapsy X	and that ar	this basis,	deoth in my	apinion		
resul	ted from: Natu	ral causes X	Accident Suicid	le H	omicide 🗌		Ined monner			
ACTUAL SIGNATI	1 1/	15.	J- Za Tun	ASS	CHIEF MEDICA		X		DATE SIGN	1ED
EXAMIN NAME (1	ER'S Charl	les S. Spi	ringate, M.D.	ASS	OCIATE MEDICA	L EXAMINER		June	17, 196	58
REMOVAL (Speci	MATION, 248.	DATE /O.D.	24C. NAME of CEMETERY		ORY 24	D. LOCATION		vn, or county		te)
Burial		/21/68	Mt. Calver				ore, M		.nd	
25A. DATE REC'D	JUN 18	1968 07 K	AME OF REGISTRAN		harles			ADDRESS V. Bar	re St	

8/5/17

Morth Carolina

welliam Jones

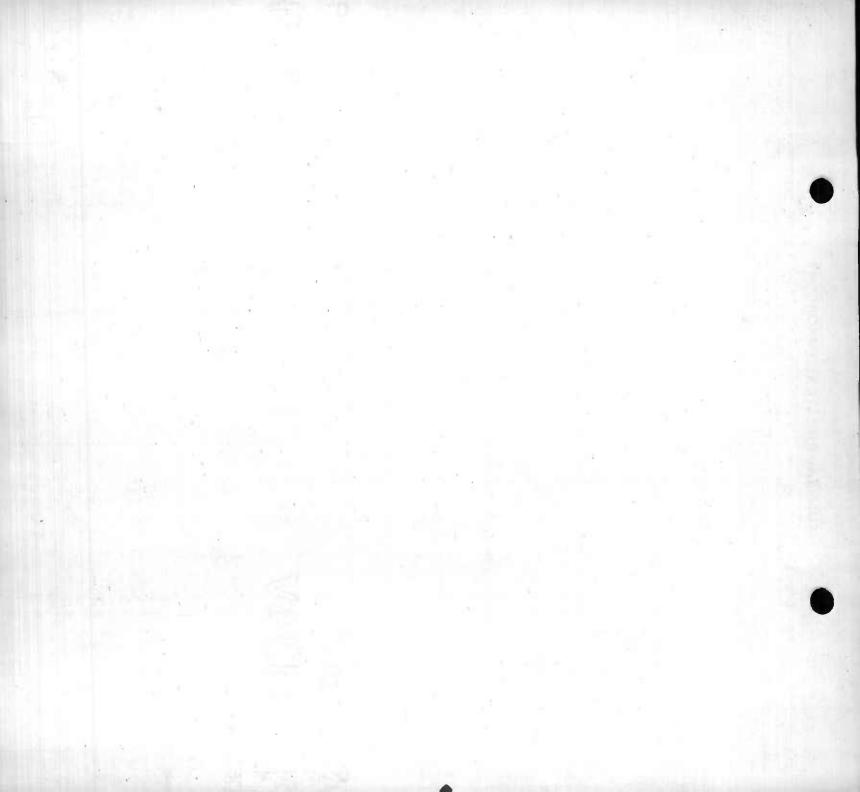
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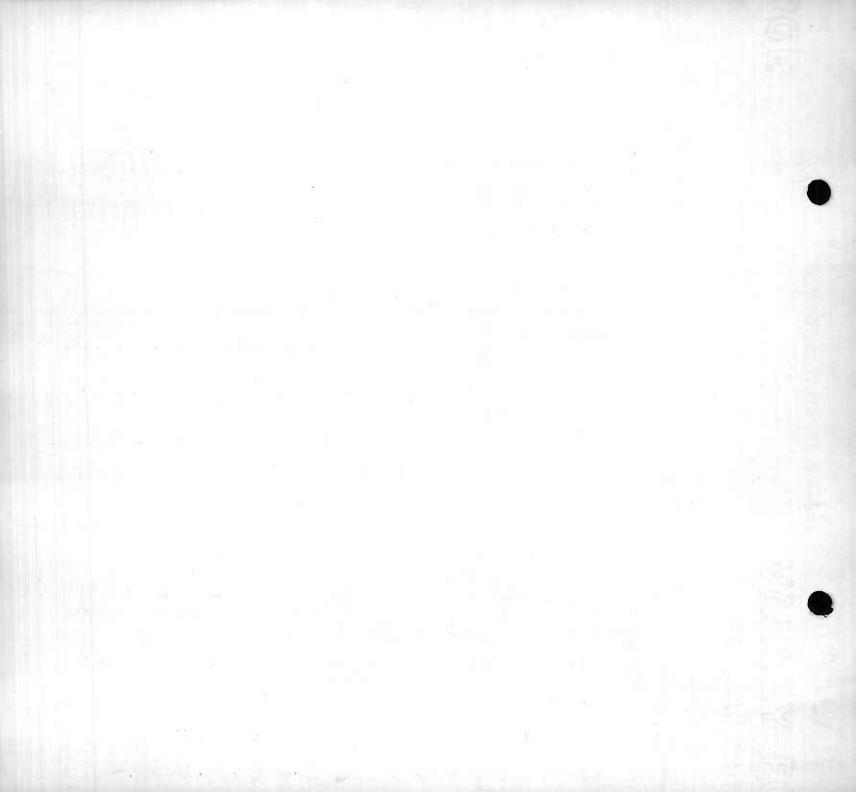
setelle Jones 151 W. Gross St.

gurdel 6/21/68 Mt. Celvery Baltimore, Marylan

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68- 6271 BALTIMORE CITY HEALTH DEPARTMENT

		1			AINER'S		CATE OF	DEAT	H REG. NO	68-	627	7-1_
-	RTH NO.			ROZ					1		E	
(Ty	NAME OF DEC		W. CARE			2. DATE OF DEATH	Knawn (X)X Estimated	Month 6	11	68	4:28	P M
4.	PLACE IN BA	LTIMORE, MARYLA	ND, WHERE P	ONOUNCE	D DEAD	3. DATE		Month	Day	Yeor	Haur	
ij		CAD AESS O	PITAL OR V	ENT	ED 168		ESIDENCE (When	June	11	1968	4:28	P M.
	40	John	s Hopkin	s Hosp	ital	A. STATE	Maryland		B. COUNTY	hA	RIE	-5
6.	SEX	7. RACE	8. MARI	IED NEV	ER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?		
	Male	White	WIDOV		DIVORCED [Brya		D	YE	s 🛛 ı	VO	
9.	PATE OF BIRT		AGE (In years birthday) 20	If Under 1 Y Months i Day	r. If Under 24 Hrs. ys Haurs Min.		and Number delphi La	ne. Br	wans. Md		58-	00
11.	BIRTHPLACE (State or foreign car	intry)	12. CITIZEN		13. FATHER		,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
U	105HIN	KTAN. T	S.C.		OUNTRY?	CHAR	LES M	ATTH	EIN C	ARV		
		PATION (Give kind				Y 15. MOTHE	R'S MAIDEN NA	ME		1		
dan	MiL	working life, even if r	V.S	AiR	FORCE	BET	TY JA	NE .	DAVIS			
	WAS DECEAS		ARMED FORCE		OCIAL CURITY NO.	18. INFOR	THAM			DRESS	0	
	VES	ACTIV	- 3	/	-50-8292	CHAN	RLES N	. CA	RY, BRY	ANS	KOAD.	mi
	19.	12 91 "	. /		CAUSE OF DEA	TH			1)		PROXIMATE INT	
	DISEAS	E OR CONDITIO										
	(This does	LEADING TO DEA			(A) IMMEDIATE O	AS A CONSEC	tiple in	uries	complica	ted by	7	
	heort failure	e, osthenio, etc. It me mplication which can	eans the diseose,					40000				
					Bron	chopneu	monia and	myoca	rdial in	tarcti	Lon	
		OR CONDITIONS			(B) DUE TO, OR	AS A CONSE	QUENCE OF:					
	RISE TO TH	E ABOVE CAUSE	A) STATING THE					2				
Z O					(C)							
CERTIFICATION	TO THE DE	NIFICANT CONDITION ATH BUT NOT RELATED TO THE PROPERTY OF T	TED TO THE TERM	INAL					a star give the sea way sign sign with all parties with all parties so the sign sign with all parties so that the sign sign with all parties so that the sign sign with all parties so that the sign sign sign sign sign sign sign sign			0 00 th 00 th th th th th 4
ERT	20A. DATE O	F OPERATION 20	B. CONDITION	FOR WHICH	OPERATION W	AS PERFORA	MED			21. AUTO	PSY? (Yes or	No)
	2									YI	ES	
₹		NAL CAUSE WAS		22B. PLACE	OF INJURY (e.g.,	in ar about a	NURY OCCUR?	(If in Baltimar	e City, give exac		62	000
03	UTING CA	USE OF DEATH.		St	reet		Interstat	e Rte.	95 & Ri	dge Ro	l. Over	rpass
Σ	OF INJURY	(Manth) (Day)	(Year) (Hau	1	URY OCCURRED	The state of	22F. HOW DID IN	NJURY OCCI	JR?			
	(APPROX.)	6 8	68 7:0	7a WHILE A		VORK X	Subject i	n auto,	hit the	e rear	of a	
	23.	tify that I held	n Inaview [Inco	ection Au	itopsy XX	and that an	this basis	death in my	tor tr	ailor	
		ted from: Natur		Acciden	0237		amicide		ned manner			
	resu	rea from: Natur	or conses	1	301611		CHIEF MEDICAL					
	ACTUAL	11/2	1-1 1/1	/ de la	han.		STANT MEDICAL		xx		DATE SIGN	ED
	SIGNAT	1	7	wer	Mil	-	CIATE MEDICAL					
		Type) Ronald	d N. Kori	nblum,	M.D.	A330	O'ATE HEDICAL	- CONTRACTOR	June	12. 1	968	
	A. BURIAL CRE		DATE	24C. NA	ME of CEMETERY	or exchine	24D	LOCATION		or county)	(Stote	e)
0.5	BURI	47 9.	-15-68	TRINI	TY ME	M. GAR	PDENS U	ALDO	RF, /	MAR	YLAN	D
25	A. DATE REC'E	BY HEALTH DEPT		AME OF RE	O Z	25C.	FUNERAL DIREC	i o k	// AL	INCESS .		1
		ANIA TO	1968	gloups	E , Jakkey	HU	UTTFUR	ERAL	HOMEN	ALDO	RF, /	ID.
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	<u> </u>	3. PLACE	IN BALTI	MORE, MARYLAND, W	HARE PRONOL	INCED DEAD	4. USUAL RESIDENCE A. STATE B.	(Where deceased lived, II	institution: residence before odmission)
	hos se (5) de	FULL NAM	ME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	Maryland	Harford (68.00
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	tin d c d c	Bal	Ltimo	re, Maryland	#21224		General Del	ivery	
	ibu da da	5. SEX		. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	ntr rm rm eguegu	Male		Negro	WIDOWED[10/1/03	last birthday)	
	n is			ATION (Give kind of work orking life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY		ar fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?
	or c Undet as in e dec	-	armer		Far	m	Maryland		U.S.A.
	if d rect (4) U was the spos	13. FATHER	MAN S'S				14. MOTHER'S MAIDEN	NAME	
<u> </u>			e cruso	James H	. Quick	ley Sr	ANANAMA		Unknown
Z	-0 # 0	15. Was De (Yes, no ar u	nknown) (ver in U. S. Armed For Il yes, give war ar date	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS #21224
MPORTAN	sist the kin dee	No				218-30-6125A	BCH: Records	4940 Eastern	Ave. Balto., Md.
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	y was r (1) An a 3.A. at d d prior		-	R. GILMOUR,	M.D.			aryland #2122	
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	This cer the bod shows: was D.C decease			Y HEALTH DEPT.	25B. NAME C	F REGISTRAR	25C. FUNERAL DIRI	ECTOR Marking	Funeral Home
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		WE ISA DE	/ 1/17/6	3.3	4.7				vera

Tessiah peretaggal MASSING CVA @ hemosynthesis

68- 6277 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.		MED	ICAI	. EX	AMINER'S	CI	ERTIFI	CATE	OF	DEA	TH RE	G. NO	68-	627	7_
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4. PLACE IN BAL	LTIMORE, MA	ARYLAND, W	HERE P	RONO	UNCED DEAD	3	DATE			Month	D	оу	Yeor	Hour	101.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	T IN HOSPITA	LORINS	OITUTIT	N, GIVE STREET	-		UNCED DE		June	1 Lived, If i		1968	6:25	a M.
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UNDERLYING		ITRIB-			ACE OF INJURY(e					(If in Boltin	nore City,	give exoc		E0	
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BALTIMORE CITY HEALTH DEPARTMENT

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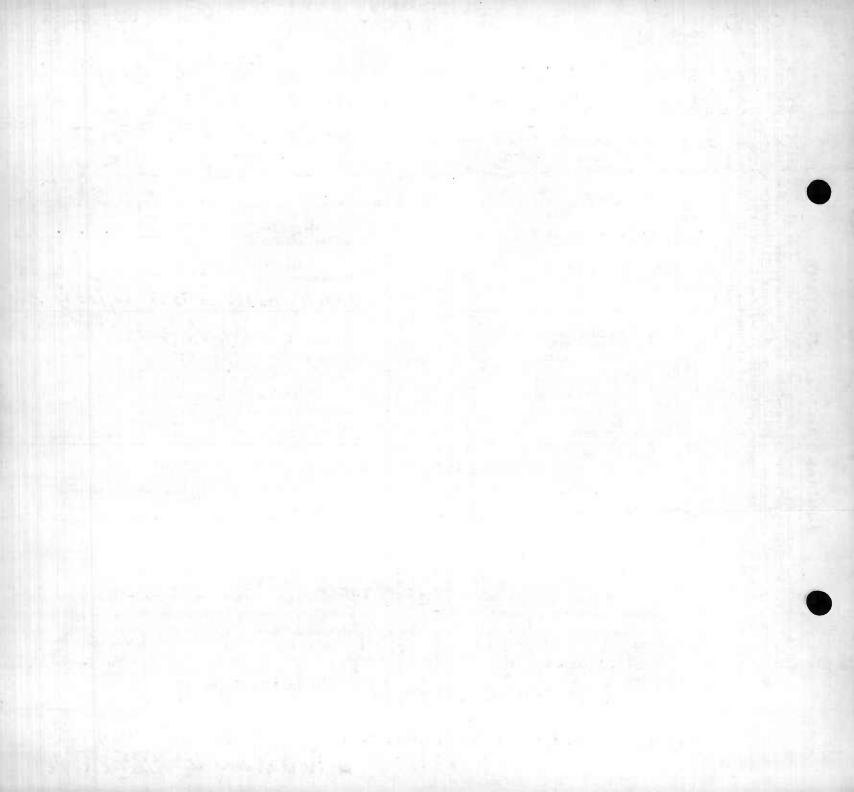
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HOSPIT	AL OR	ADDRESS OR LOC	ATION)	UTION, GIVE STREET	Maryland c. CITY OR TOWN	10. INS	SIDE CITY LIMITS?
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9	O Hil	lcrest Nur	sing Ho	ome	E. STREET AND NUMBER		
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one dur		rking life, even if retired)	-		Marra 7 and 2		TT CI S
3. FAT	Housev				Maryland 14. MOTHER'S MAIDEN NAM	A E	U. S. A.
	Lbert E			13.7	Martha Thai	nes	
S. Wos Yes,no	or unknown) (I	ver in U. S. Armed Fo f yes, give wor or dot	es of service)	SECURITY NO.	17. INFORMANT		ADDRESS
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23A . BU	ACCIDENT TONTRIBUTE ATH (notify m TIME (I) (we) le I hour and f SIGNATURE PHYSICIAM NAME (Type	ANT CONDITIONS CO BUT NOT RELATED TO TO THE PRINCIPLE OF	THE TERMINAL RT 1 (A). NOTITION FOR REFORMED 218 hon etc. (Hour) 21E Wh. Wo. 11) attended to etc. attended above. (COOK Notition 124C. N	S. PLACE OF INJURY (e.g., ne, form, foctory, street, on the street	20A. AUTOPSY? (Yes or No) in ar about 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJU 12 29 1 19 and the view the bady after death. 23D. ADDRESS 2431 MARYLAN EMATORY 24D. LC	20B. IF YES, WERE IN CERTIFYING CA (If In Boltimo URY OCCUR? 9 8 to Jun of In(my) (aur) ap Shoff Phys. D AVE . BA OCATION (C	FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact location) 10 16 16 16 16 8 238, DATE SIGNED 6-17-68 City, town, or county) (State
23A BU:	ACCIDENT THE DEATH EASE OR COP DATE OF O ACCIDENT CONTRIBUTI TATH (notify m TIME INJURY PROX.) I certify the (I) (we) lo I hour and f SIGNATURE PHYSICIAM NAME (Typ) WIRL CREMA MOVAL (Spe	ANT CONDITIONS CO BUT NOT RELATED TO TO NOT RELATED TO	THE TERMINAL RT 1 (A). NOTITION FOR RFORMED 218 hon etc. (Hour) 21E wh wo	B. PLACE OF INJURY (e.g., ne, form, foctory, street, on the control of the deceased from the deceased	20A. AUTOPSY? (Yes or No) in ar about 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJU 12 29 1 1968 and the view the bady after death. 23D. ADDRESS 2431 MARYLAN EMATORY 24D. LCC B	20B. IF YES, WERE IN CERTIFYING CA (If In Boltimo URY OCCUR? 9 68 to Jun of In(my) (aur) ap Shaff D AVE . BA	FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exect location) 198 238, DATE SIGNED 6-17-68 LTO Q1215 MD. City, town, or county) (State Maryland
23A BU:	ACCIDENT THE DEATH EASE OR COP DATE OF O ACCIDENT CONTRIBUTI TATH (notify m TIME INJURY PROX.) I certify the (I) (we) lo I hour and f SIGNATURE PHYSICIAM NAME (Typ) WIRL CREMA MOVAL (Spe	ANT CONDITIONS CO BUT NOT RELATED TO TO THE PRINCIPLE OF	THE TERMINAL RIT 1 (A). NDITION FOR REFORMED 218 hon etc. (Hour) 21E Wh. Wd. 11) attended the ed alive an atted abave. (COOK N. 24C. N. 8 Ba.	S. PLACE OF INJURY (e.g., ne, form, foctory, street, on the foctory), street, on the foctory of the deceased from the de	20A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJU 12 29 1 19 8 and the view the bady after death. 23D. ADDRESS 2431 MARYLAN EMATORY 24D. LC 25C. FUNERAL DIRECTOR	20B. IF YES, WERE IN CERTIFYING CA (If In Boltimo JRY OCCUR? 9 8 10 Jun of In(my) (aur) ap Shoff Phys. D AVE . BA DCATION (C) altimore,	FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exect location) 198 23R. DATE SIGNED 6-17-68 LTO Q1218 MD. City, town, or county) (State Maryland Address)
23A BU:	ACCIDENT THE DEATH EASE OR COP DATE OF O ACCIDENT CONTRIBUTI TATH (notify m TIME INJURY PROX.) I certify the (I) (we) lo I hour and f SIGNATURE PHYSICIAM NAME (Typ) WIRL CREMA MOVAL (Spe	ANT CONDITIONS CO BUT NOT RELATED TO TO NOT RELATED TO	THE TERMINAL RIT 1 (A). NDITION FOR REFORMED 218 hon etc. (Hour) 21E Wh. Wd. 11) attended the ed alive an atted abave. (COOK N. 24C. N. 8 Ba.	S. PLACE OF INJURY (e.g., ne, form, foctory, street, on the form, foctory, street, on the form, foctory, street, on the fock of the deceased from the deceas	20A. AUTOPSY? (Yes or No) in ar about 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJU 12 29 1 1968 and the view the bady after death. 23D. ADDRESS 2431 MARYLAN EMATORY 24D. LCC B	20B. IF YES, WERE IN CERTIFYING CA (If In Boltimo JRY OCCUR? 9 8 10 Jun of In(my) (aur) ap Shoff Phys. D AVE . BA DCATION (C) altimore,	FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exect location) 198 238, DATE SIGNED 6-17-68 LTO Q1215 MD. City, town, or county) (State Maryland

shit accorded hemorehay 151 Hypertensoon Women C. Buller GOLD Broadway

VS 150-REV. 1/1/48

CATE OF DEATH REG. NO. 68-628	
SAIL OF BLATTI	
2. DATE AND HOUR OF DEATH	
6-13-68 1 6:00	8.
4. USUAL RESIDENCE (Where deceased lived, if institution; residence before	
A. STATE B. COUNTY	
Maryland	
8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If U Months; Days Hours	nder 24
□ 6-7-68 6 4	
STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHA	T COU
Mary land III C A	
	•
Augusta McCutchen	
VERAPIL ANAIR - 3508 CALLOWA	1 1
FATH APPROXIMAT	EINTER
LEHATUUTZ	
20 A. AUTOPSY? (Yes of No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
YLS IN CERTIFIENG CAUSES OF DEATH?)
e.g., in or obout 21 C. WHERE DID (If in Baltimare City, give exoct lacotia et, office bldg., INJURY OCCUR?)
21F. HOW DID INJURY OCCUR?	
While	
While Work	n)
While Company of the	n) _19
While Work	n) _19
While Company of the	n) _19
While □ Work □ 6-7-68	n)
While Work 19 to 6-13-68	n)
While Work 6-7-68 19 19 19 19 19 19 19 19 19 1	n)
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While Work 6-7-68 19 19 19 19 19 19 19 19 19 1	n) _19 an the
while work 19 to 6-13-68 19 to 6-13-68 19 will work 19 will will be added after death. Attending Med. Staff 19 will be added after death 1514 Division Street 1514 D	n) 19an the
R	6-13-68 6.00 A. USUAL RESIDENCE (Where deceased lived, If institution: residence before the country of the co



	CO COQ A BALTIMORE CITY	HEALTH DEPARTMENT	68- 6284
	68- 6284 CERTIFICA	TE OF DEATH REG. NO.	00-0604
	ITH NO.	2, DATE AND HOUR OF DEAT	Н
		1 12 16	1.115-1
	JOHN SLATER	4. USUAL RESIDENCE (Where deceased lived, If	(, 43/M.
-	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY	in stitution: residence before odmission)
·U	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAND) 1-15
0	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET DOSPITAL OR ADDRESS OR LOCATION) STITUTION		ISIDE CITY LIMITS?
	-10.1.	BALTIMORE	YESX NO
(201010 MEMORIAL HOSP.	E. STREET AND NUMBER	
1	4 4	4406 FALLS R	λ.
=	SEX 6, RACE 7, MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
. [MARKIED NEVER MARKIED	11 AB 76 lost biptygoy	Months Doys Hours Min.
_	MALE WHITE WIDOWED DIVORCED	11-10-18 07	
	LUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY to during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
P	FTIRED	MARYLAND	USA
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	INKNOWN	UNKNOWH	
S.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
	s, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Mana Allen At	MAYLANE DR.
(NKNOWN 218-12-3702-1	1/1/2	3/
	18. 4 / O Y		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY Brond	ropreumonia	
	(A)IMMEDIATE CAL	JSE /	
	(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	A CONSTQUENCE OF	d
	injury ar camplication which coused death.)	infaithous, myo can	aum
	ANTECEDENT CAUSES	rleen & kidneys	
	DISEASES OR CONDITIONS, if any, giving (8) DUE TO, OR AS	A CONSEQUENCE OF:	
	rise to the above cause (A) stating the	readition the ambet	10
	UNDERLYING CONDITION last. (C)	, morror	
	420.1		-
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B- CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WEE	E FINDINGS CONSIDERED
CERTIFIC	WAS PERFORMED	YES IN CERTIFYING	CAUSES OF DEATH?
CE	21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID (If in 8gitin	nare City, give exoct lacotian)
AL.	OR CONTRIBUTING CAUSE OF home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	and the same of th
U	DEATH (notify medical examiner) etc.)		
MEDI	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
٤	OF INJURY (A PPROX.) While At Not While	le 🖳	
	Work Ar Work		1 13 10
	22. 1 certify that (1) (this haspital) attended the deceased fram	4-20 1968 to	4-13 1968
	that (1) (we) lost saw the deceased alive on 6 - 13	19 6 and that in (my) (our) o	pinian death accurred an the date
	and haur and from the causes stated above. (1) (We) (did) (did not)		
	23A, SIGNATURE	view the body direr death.	23B. DATE SIGNED
		Med C Sett	6-13-68
	Marilere d. Marilla 17. 1 Att	ending Med. Staff.	0-13-68
		23D. ADDRESS	
	23C. PHYSICIAN'S		
	NAME (Type)	0/1	Haca Rock A.
	MARLENE L. HARIB AD DEGREE	Union Hemorial	Hosp Baltu Ma.
4/	MARLENE 1. HARIB ATO DEGREE A. BURIAL CREMATION, 1248, DATE 124C, NAME of CEMETERY OF CR	EMATORY 1940. LOCATION	(City, town, or county) (State)
24/	NAME (Type) MARLENE 1. HARIB AT DEGREE A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY of CR		
	MARLENE 1. HARIB ATO DEGREE A. BURIAL CREMATION, 1248, DATE 124C, NAME of CEMETERY OF CR	EMATORY 24D. LOCATION Baltimote 25C. FUNERAL DIRECTOR	
1	NAME (Type) YARLENE L. HARIS AO PEGREE A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 6/17/68 St. Mary's	Baltimote 25C. FUNERAL DIRECTOR	Md. ADDRESS
-	NAME (Type) YARLENE L. HARIS AO PEGREE A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 6/17/68 St. Mary's	Baltimore	Md. ADDRESS

W16 28 89 MILLY FIRM KT 19 (TS) CONTRACTOR ME A Commence 218-11-370-24-10 ALLEN broading acute whom there mys and and aplan e lidough andersonality, Thougestotic 7-6 marked I muster no MARLENE I HARITS AS TO LINE MORNING I HE STEELED

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

3134 E4851 KEEF KUE APPRILE WHITE X MEDICAL AND JEEF 242 C. C. Z 1 3 25 17 A THE CARDE WARFELL CAN DEDITATION AND MAN Ceremonogeness Harrison France L. Sounder A.D. X 6-14 691 HATTER I MERIEW We leave morned they in the

. William could have too affance on a grade

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT institution; residence before admission) D. INSIDE CITY LIMITS? NO V YES If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours Min. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH HROMBOSIS 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exoct lacotion) .. and that in (my) (aur) opinion death occurred on the date HOSPITAL (City, town, or county) ADDRESS Paul E. Chenoweth Jr. 3617 Chestnut Ave.

LINION HEMORIAL HESTINAL TESSOS TOWN BAUTIHORUT 18, MD RINGE FO, DIN DZ, BOWER E

2-22-93 75

A 2.1) CHAYSAM

SAPERM BULL

ME ? MPS PAUL J PRICE

CARDINARY IMPRINGESTS

BID PULMONIABLY EMBOLISH CANDER DP SIGNOID

PORT OF EUISCERATION GITTOR

FIRST TO ATT PART OF SIGNED

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LA PAGE PORTER POR

ANALYSIS CARROLLAND

DANIEL C. HANT

PHYLIP D. J. JES 10.

39 896 St. St. Land

. v. Smehana file.

VS 151-REV. 1/1/68

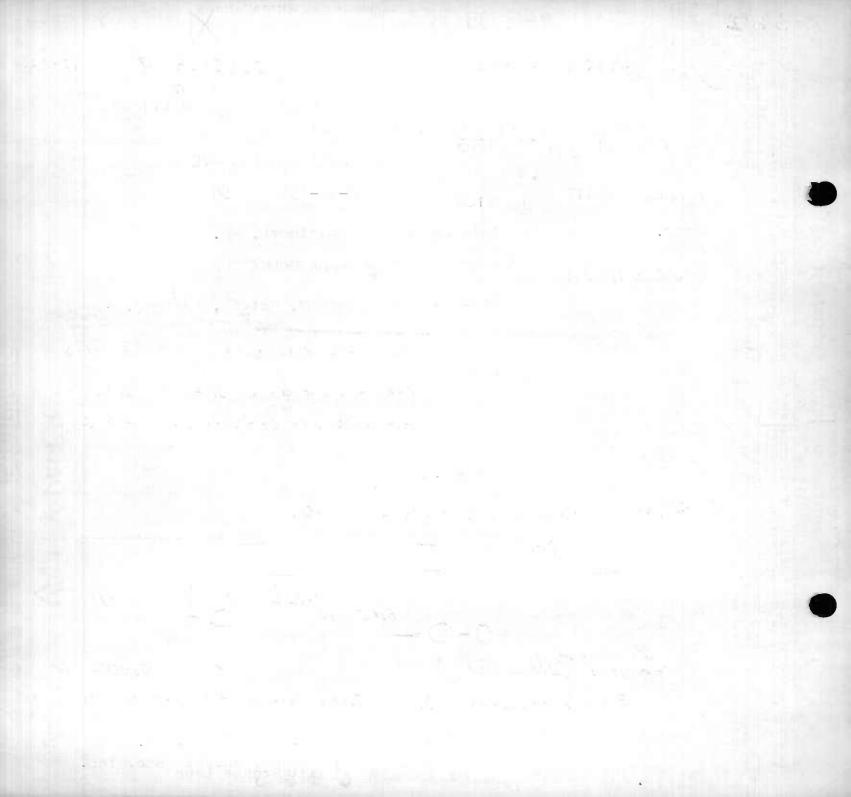
68- 6287 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	68- 6287 BALTIMORE CITY HEALTH DEPARTMENT	68- 6287
ナー・	MEDICAL EXAMINED'S CEPTIFICATE OF DEATH	00 0007
I-252	BIRTH NO.	
_	1. NAME OF DECEASED 2. DATE Known Month Doy	Year Hour
	(Type or Print) MICHEAL R. ICHNOSKI DEATH Estimated June 14, 1968	B:00 A. M.
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy	Year Hour
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD June 14, 19	68 8:00 A. _{M.}
	OR IN STITUTION	1.11
	CITY HOSPITAL B COUNTY	Baltimore C
	6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN	Y LIMITS?
	Male White WIDOWED DIVORCED DIVORCED BALLINGT Eastwood	No 📝
	9. DATE OF BIRTH 10. AGE (In yegrs If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER	
		24 . 43-45
	Jan. 21, 1954 14 17 140 Godgli Screet 77 212	
	WHAT COUNTRY?	
	Baltimore Md. U.S.A. Raymond J. Tohne 14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life even it retired)	oski
	done during most of working life, even ifretired)	
	Student School Elizabeth T. No. 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT AD	wakowski
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) 17. SOCIAL SECURITY NO.	DRESS
	47 1	ame
	19. C 4 S C CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	pictures on completely Completely Completely	DETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY Cerebral Anoxia	
	(This does not mean the mode of dying, e.g., DUFTO OR AS A CONSFOUENCE OF:	
	heort failure, asthenia, etc. It means the disease, injury or complication which coused death.)	

	ANTECEDENT CAUSES (B) Cardiac Arrest suffered during elec DISFASES OF CONDITIONS IF ANY GIVING DUE TO, OF AS A CONSEQUENCE OF:	crocution
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
	Z UNDERLYING CONDITION LAST. (C)	
	0	
	▼ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
		yes
	22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY (e.g., in or about 22C. WHERE DID (If in Boltimore City, give exact	t location)
	O LINDERLYING FOOD CONTRIB Thome, form, foctory, street, office bldg., etc.) INJURY OCCUR?	4'3 00
	W DING CAUSE OF DEATH.	118 53-00
	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY 6 11 68 8:00 P. WHILE AT NOT WHILE TO Shoked while repairing	-1
	(APPROX.) AT WORK X DIRECT WITTE TEPATITIES	electric broiler
	23.	
	I certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my	
	resulted from: Notural couses Accident X Suicide Hamicide Undetermined manner	
	CHIEF MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER &	DAIL SIGNED
	EXAMINER'S Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER	June 14, 1968
	NAME (Type)	2 21, 2500
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town	or county) (State)
	REMOVAL (Specify)	1 DA Re Co 143
	Burial 6-17-68. Holy Rosary Cemetery 7301 German Hil	T Ifthe Date Coe & mr
		4 Eastern Ave.
	THIN IR 1968 R. O. R. D. Fally M. Charles S. Hayler Bal	to., 21224, Md.,

Marie St. Course Counting A PART A SECURITION OF SECURITION AND ADDRESS OF THE PART OF THE P

BALTIMORE CIT	Y HEALTH DEPARTMENT	68- 6288
BIRTH NO. 68-6288 CERTIFICA	TE OF DEATH Registered Na.	00, 0400
M.E. CASE NO. 1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH	
Tunn as Print	JUNE 16.1	919 1 9.400
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, if in	
	A. STATE B. COUNTY 21237	A / 3
FULL NAME OF (If not in hospital or institution, give street hospital OR oddress or location)	MARYLAND BAL	TIMORE
THE JOHNS HOPKINS HOSPITAL	C. CITY OR TOWN (If outside city limits, write	KUKAL and give township)
3 3 BALTIMORE, MD 21205	D. STREET ADDRESS (If rurol, give location)	
33 BALTIMORE, NO 21209	6003 KENWOOD AVE	
SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 H
WIDOWED, DIVORCED (specify)	8-12-13 [lost bighdoy] 54	Months Doys Hours Min.
FEMALE WHITE MARRIED OA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR)	0-12-19)+	110 CITIZEN OF
lone during most of working life, even if retired)	(11, BIRIHITLACE (Stote of foreign country)	12. CITIZEN OF WHAT COUNTRY?
Secy. Eastman Kodak	Baltimore, Md.	
3. FATHERS NAME	14. MOTHER'S MAIDEN NAME	
	ANNA BOUDA	
5. Was Deceased Ever in U. S. Anned Forces? 16. SOCIAL	17. INFORMANT	ADDRES\$
(es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.		
213-01-2559	Frank V. Kotras, husb	
1000	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	and the same of th	2
(This does not mean the made of dying, e.g., DUE TO	NCHIAL PNEUMONIA	2 WEEKS
heart failure, asthenia, etc. It means the disease,		
injury or camplication which caused death.)	STATIC ADENOCARCINOMA	2 MONTHS
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	NOCARCINOMA OF ENDOCERNIX	2 YEARS
UNDERLYING CONDITION last.		
17/X II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE NONE		
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
2 5/3/62 ADENOCARCINOMA METASTATIC	NO.	
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, of	in or about 21 C. WHERE DID (If in Baltimore office bldg., INJURY OCCUR?	City, give exoct locotion)
DEATH (notify medical examiner)		
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) While At Not Whi		
Work L. Al Work		11
22. I certify that (I) (this haspital) attended the deceased fram	/	6/16 1962
that (I) (we) last saw the deceased alive an	15 19.68 and that i (my (Aur) api	nian death accurred an the d
and haur and from the causes stated above. (1) (We) (did) (did)	view the bady after death.	
23A. SIGNATURE		23B. DATE SIGNED
Edward Coldieres MD M.D. At	tending Med. Stoff Phys.	JUNE 16, 1988
23C. PHYSICIAN'S	23D. ADDRESS	VUNZ 10, 11-6
NAME (Type)	JOHNS HOPKINS HOSP, BAL	71MARE. MD. 21214
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CE		ty, town, or county) (State)
REMOVAL (Specify)	- 180 y T- 2 y - 4 y - 1	iy, lowii, or county) (3101e
Burial 6/20/68 Bohemian Nati	onal Cem. Baltimore,	Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
UIN 18 1968 O 06 5 8 30 Oct	Schimunek Funeral H	Ome, The.
VS 150-REV, 1/1/65	0 .: 0 0	



VS 150-REV. 1/1/6B

THE STEAT SET THE KA CHAROCE But Himore Milleylaw 03 acu SYAS REMMEN PURCUE 4-05-04 66 Paylor Laurence 01 ATS 10NO HOUSEWIFE FREDERICK SONNENBURG FLOCENCE WARR 212-40 Stanforogel & Collins Latter 15 hours Growing Gilletand Juliana. Frankoplehite of will by. Marcha paring 785 5.34 June 75 20 50 5 - 10 William H. James - Story M.

VS 150-REV. 1/1/6B

	00 (DALTIMORE CITT	HEALTH DEPARTMENT		622 6230
	68- t	CERTIFICA	TE OF DEATH	REG. NO	68- 6290
BIRTH NO. 1. NAME OF DECEASED				D HOUR OF DEATH	
Type or Print)	E. MARGARE	T WIGHT		16, 1968	
3. PLACE IN BALTIMORE	MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If i	nstitution: residence before admission
FULL NAME OF (IF	NOT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	Md., 2121		1-06
NSTITUTION			c.city or town Baltimore	D. tN:	SIDE CITY LIMITS?
1804 Ch	nilton St.		E. STREET AND NUMBER	-	153 53 100
00			1804 Chil	ton St.	market the
SEX 6. RAC	MAKK	RIED NEVER MARRIED		ost birthday	If Under 1 Yr. If Under 24 Hr. Months Days Hours Min.
female v	white widow	WED DIVORCED	5/14/97	71	
one during most of working l	life, even if retired)	D OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTR
Book Binde	er H.L.1ch	enberg Prtg.	Baltimore,		
3. FATHER'S NAME Edwa	ard Dorschel		14. MOTHER'S MAIDEN NAM	n Bradley	,
. Was Deceased Ever in		1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or on known, the yes,	, give war or doles or servi	218-03-3640	Alma Bohage	r,dght, a	above
1B. /		CAUSE OF DEATH	1		APPROXIMATE INTERVAL
DISEASE OR	CONDITION DIRECTLY	Carcine	ma of cervis	c c.	BETWEEN ONSET AND DEAT
LEADI	NG TO DEATH			tastases.	4 yrs.
	in the mode of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
	ia, etc. It means the dise on which coused death.)	ose,			
ANTEC	EDENT CAUSES				
	NDITIONS, if ony, gi	(B)	A CONSEQUENCE OF:		
	ve couse (A) stoling	9	A CONSEQUENCE OF.		
UNDERLYING CON	DITION last.	(c)			
17/X	11			-	
	CONDITIONS CONTRIBUTIINOT RELATED TO THE TERMIN				
DISEASE OR CONDITION	ON GIVEN IN PART 1 (A).		20 A. AUTOPSY? (Yes or No	208 IF VEC WERE	FINDINGS CONSIDERED
19A. DATE OF OPERA	WAS PERFORMED	OK WHICH OPERATION	ZOA. AUTOFST? Tres of No.	IN CERTIFYING C	AUSES OF DEATH?
OR CONTRIBUTING	CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimo	ore City, give exoct location)
DEATH (notily medico					
21 D. TIME (Month	h) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
21 D. TIME (Month	n) (Doy) (Year) (Hour)	While At - Not While		JRY OCCUR?	
21 D. TIME (Month OF INJURY (APPROX.)		While At Not While At Work			
21 D. TIME (Month OF INJURY (APPROX.)		While At Not While At Work ed the deceosed from		963 to	6-16 1968
21 D. TIME OF INJURY (APPROX.) 22. I certify that (I		While At Not While Nork Nork Nork Nork	"	963 10	
21D. TIME (Month OF INJURY (APPROX.) 22. 1 certify that (I) (wer) last se	l)(thi s keepi tel) ottend aw the deceased alive	While At Not While Nort Work At Work At Work ed the deceosed from on North Nor	1/-5 1 19 68 ond the	963 10	
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21D. TIME (Month OF INJURY (APPROX.) 22. I certify that (I that (I) (wer) last so and hour and from 23A. SIGNATURE	l)(thi s keepi tel) ottend aw the deceased alive	while At Not While At Work At	19 & ond the few the body ofter death. Med. Director	963 to	inion deoth occurred on the do
21D. TIME (Month OF INJURY (APPROX.) 22. I certify that (I) (was) last so and hour and from	(this hospital) attend aw the deceased alive the couses stated abov	while At Not While Not Work ed the deceosed from on Attention e. (I) (We) (did) (did not) v OEGREE Physics S. M. Attention	19 & ond the few the body ofter death. Med. Director Director	963_to at in(my) (our) op	23B, DATE SIGNED 6-17-68
21D. TIME (Month OF INJURY (APPROX.) 22. I certify that (I that (I) (was) last so and hour and from 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) D1 4A. BURIAL CREMATION	(this heapital) attend aw the deceased alive the couses stated above. (Constitution of the course of the couses stated above.)	while At Not While At Work At	19 68 ond the fiew the body ofter deoth. Inding Director Director Director 101 St.	963 to	23B, DATE SIGNED 6-17-68
21 D. TIME (Month OF INJURY (APPROX.) 22. I certify that (I that (I) (we) last so ond hour and from 23A. SIGNATURE 23C. PHYSICIAM'S NAME (Type) D1 4A. BURIAL CREMATION REMOVAL (Specify)	(this heaptical) of tend aw the deceased alive the couses stoted above. (Constitution of the course of the couses stoted above.) (Constitution of the course of the course of the couses stoted above.) (Constitution of the course of the co	while At Not While At Work At	19 S ond the fiew the body ofter deoth. Med. Director 23D. ADDRESS 1101 St.	Shaff Paul St.	23B, DATE SIGNED 6-17-68 City, town, or county) (State)
21D. TIME (Month OF INJURY (APPROX.) 22. I certify that (I that (I) (was) last so ond hour and from 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) D1	(this heaptical) of tend aw the deceased alive the couses stoted above. ### OSSuran Alfred OS N, 24B. DATE 24 6/19/68	while At Not While Not Work ed the deceosed from on Attention (did) (did not) v oegree Physics oegree	19 S ond the fiew the body ofter deoth. Med. Director 23D. ADDRESS 1101 St.	963 to	23B, DATE SIGNED 6-17-68 City, town, or county) (State)

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affish no.

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VS 150-REV. 1/1/68

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Oll Bender J. M.O. 7 6/1.1/6

Albert B. ENSTEIN, JR. M. Tolins Hopkins How

VS 150-REV. 1/1/68

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VS 151-REV. 1/1/68

68- 6295 BALTIMORE CITY HEALTH DEPARTMENT

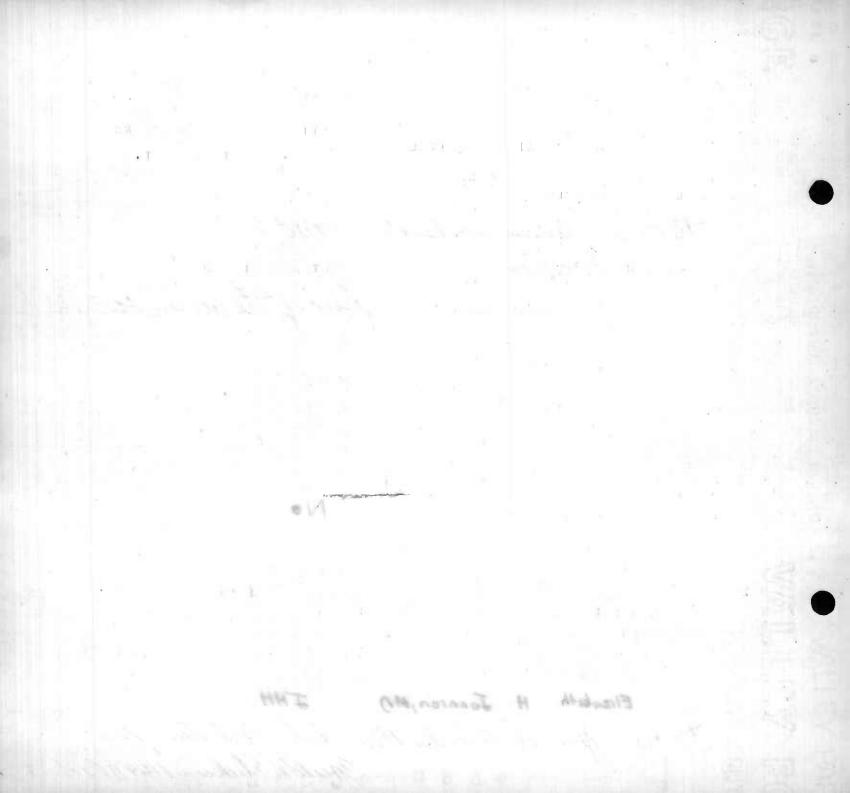
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO 68- 6295

BIRTH NO.								KEG. NO			
. NAME OF DEC	EASED					Known XX	Month	Day	Year	Haur	
Type or Print)	FRANCES			WEES	OF DEATH	Estimoted 🔲	June	17, 1968			м.
PLACE IN BAL	TIMORE, MARYL	AND, WHE	RE PROI	NOUNCED DEAD	3. DATE		Month	Doy	Year	Hour	
OSPITAL	(IF NOT IN	HOSPITAL O	RINSTITU	ITION, GIVE STREET	PRONOUNG	CED DEAD	June :	17, 1968		10:45	A
OR INSTITUTION	ADDRESS (OK LOCATION	N)		5. USUAL RESID	ENCE (Where		ed. If institution: 1	esidence	before admiss	ion)
2225 A	icauith 9	2+			A. STATE	yland		B. COUNTY		0/1	
5. SEX	isquith S		** * * * * * * * * * * * * * * * * * * *	Пинтип	C. CITY OR TO			D. INSIDE CITA	LIMITS	X	
				NEVER MARRIED				1			
Female	Negro		IDOWE		Baltin			YES		NO L	
DATE OF BIRT		. AGE (In yea at birthdoy)	Me	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.							
7/3/7	2		76			Aisqui	th St.				
1. BIRTHPLACE	State or fareign co	ountry)	12	CITIZEN OF WHAT COUNTRY?	13. FATHER'S N		~	11		1	
Va	2 .			WHAT COUNTRY?	1 50	mAS	0/	nALL.	wo	00	
			KIND O	F BUSINESS OR INDUSTR	15. MOTHER'S	MAIDEN NAM	AE >				
JOM E		renrea			m,/	ILE					
6. WAS DECEAS	ED EVER IN U.S	. ARMED FO	ORCES?	17. SOCIAL	18. INFORMAN	IT ,	11		RESS	_	74 4
Yes, no or unknown				SECURITY NO.	Marson	T Woon	Hard	12225	a	round	A A
110				CAUSE OF DEA	- A	a visco,	/		I A	PPOXIMATE INT	ERVAL
7.13	2.04/						. /			VEEN ONSET AN	
DISEAS	E OR CONDITIO	N DIRECTLY	Υ	Нуре	ertensive						
	LEADING TO DE			(A)IMMEDIATE	CAUSE card	diovascu	lar d	Lsease			
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	nplication which co			-							
A	NITECEDENIT CA	HEEC									
	OR CONDITION		VING	(B) DUE TO, OR	AS A CONSEQUE	NCE OF:					
RISE TO THE	E ABOVE CAUSE	(A) STATING	G THE								
Z	NG CONDITION	LASI.		(C)							
443	X										_
	HFICANT CONDIT ATH BUT NOT REL										
DISEASE OF	CONDITION GIV										
20A. DATE O	F OPERATION 2	OB. CONDI	TION FO	R WHICH OPERATION W	AS PERFORMED		- 1		21. AUTO	OPSY? (Yes ar	No)
O								10		No	
22A. EXTER	NAL CAUSE WA	S	22	B. PLACE OF INJURY (e.g.,	in or obaut 22C.	WHERE DID	If in Baltimo	re Cily, give exact	locotion)		
UNDERLYING	OR CONTRI	3-	ho	me, form, factory, street, affic	e bldg., etc.) INJU	RY OCCUR?					
	(Month) (Day)		(Hour)	22E.INJURY OCCURRED	22F	HOW DID IN	HIPY OCCI	102			
OF INJURY	(Mahin) (Day)	(Tear)	(Haur)		WHILE	HOW DID II4.	OKT OCC	JKI			
(APPROX.)			m		VORK .						
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23.				Inconction ITS Au	top sy o	and that on the	nis hosis.	deoth in my o	pinion		
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1 cert		rol couses			de Homic		Undetermi			DATE CICAL	FD.
1 cert resul	ted from: Notu	rol couses			de Homic	elde EF MEDICAL E	Undetermi XAMINER			DATE SIGN	ED
resul ACTUAL SIGNAT	ure Clic	rol couses			de Homic CHIE	elde EF MEDICAL E NT MEDICAL E	Undetermi XAMINER XAMINER	ned monner			
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1 cert resul ACTUAL SIGNATI EXAMIN NAME (1) 24A. BURIAL CRE.	URE Char. MATION, 248.	erol couses	Spri		de Homic CHIE ASSISTAI ASSOCIA	EI DE COLLE EF MEDICAL E NT MEDICAL E	Undetermi XAMINER XAMINER	ned monner	June	17, 196	8
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ACTUAL SIGNATI EXAMIN NAME (1) 24A. BURIAL CRE. REMOVAL (Speci	URE Char. ER'S Type) Char. MATION, 248.	les S.	Spri	Accident Suicion M.D. Ingate, M.D. 24C. NAME of CEMETERY M. C. C.	de Homic CHIE ASSISTAL ASSOCIA OF CREMATORY	EIDE TO THE TOTAL E	Undetermi XAMINER XAMINER XAMINER LOCATION	(City, 10wn,	June	17, 196	8
1 cert resul ACTUAL SIGNATI EXAMIN NAME (1) 24A. BURIAL CRE.	URE Char. ER'S Type) Char. MATION, 248.	les S. DATE 201.	Spri	Accident Suicident Suicident Suicident Suicident Suicident Suicident M.D. Ingate, M.D. 24C. NAME of CEMETERY MA OF REGISTRAR	de Homic CHIE ASSISTAL ASSOCIA OF CREMATORY	EI DE COLLE EF MEDICAL E NT MEDICAL E	Undetermi XAMINER XAMINER XAMINER LOCATION	(City, 10wn,	June	17, 196	8
ACTUAL SIGNATI EXAMIN NAME (1) 24A. BURIAL CRE. REMOVAL (Speci	URE Char. ER'S Type) Char. MATION, 248.	les S. DATE 201.	Spri	Accident Suicion M.D. Ingate, M.D. 24C. NAME of CEMETERY M. C. C.	de Homic CHIE ASSISTAL ASSOCIA OF CREMATORY	EIDE TO THE TOTAL E	Undetermi XAMINER XAMINER XAMINER LOCATION	(City, 10wn,	June	17, 196	8

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VS 150-REV. 1/1/6B



VS 151-REV. 1/1/6B

68- 6298 BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH N	10		MED	ICAL	EX.	AMINER'S	CERT	IFIC.	ATE	OF	DEAT	H REG. NO.	00-	020	0
1. NAM	E OF DEC	CEASED					2. DA	TE	Known	XX	Month	Day	Yeor	Hour	
(Type or	Print)	RAY	MOND	MOYE			DEA	F	Estimot		6	12	68	9:32	2 11
4. PLAC	E IN BAL	TIMORE, MAI	RYLAND, W			INCED DEAD	3. DA				Month	Doy	Yeor	Hour	a. M.
FULL NA	L	(IF NOT	IN HOSPITA	L OR INS	10111111	N, GIVE STREET		оиоии		9.5	June	12	1968	9:32	а м.
OR INSTI	IUIION					D.O.A.	5. USU A. STA	JAL RESI	DENCE	(Where	dece osed liv	ed. If institutio	n: residence b	efore odmis	sion)
		Ch	urch H	Iome	Hosp	ital	1.317		ry1a	and		D. COOITT	-	- 1	
6. SEX		7. RACE		B. MARI	RIED 🗌	NEVER MARRIED	C. CIT	Y OR TO	NW			D. INSIDE C	LIMITS?	7/	
Male		Colore	d	WIDO	WED 🗌	DIVORCED] BA	lto.				Y	ES 😿 🕦	10 🗆	
9. DATE	OF BIRT	H	10. AGE (In lost birthdo	y)		er 1 Yr. If Under 24 Hrs Doys , Hours , Min		EET AN	MUM C	BER	LAS C	OVAT			
Mar	ch 15	11915	53	3				315	S. 4	alla	s Ct.				
1 F. BIRTI	HPLACE	otote or foreign	n country)			IZEN OF HAT COUNTRY?	13. FA	THER'S	NAME		1 5	nous			
				14B. KINI	O OF BU	ISINESS OR INDUST	RY 15. M	OTHER'S	MAIDE	N NAM	E	1			
done duri	ng most of v	vorking fife, eve	n ifretired)				X	11	7	13		, ,			
16. WAS	DECEAS	ED EVER IN U	J.S. ARMED	FORCE	S? 1	7. SOCIAL	18. IN	FORMA	NT /	Ola	in	. A	DDRESS		
(Yes, no o	r unknown)	(If yes, give w	or or dotes	of service)	SECURITY NO.	6	The	2	mo	44)	3150	Endle	e Ct	-
19.	112	4.				CAUSE OF DE	ATH				1			ROXIMATE IN	
	DISEAS	E OR CONDI	TION DIREC	CTIV		Arterio	scle	rotic	car	diov	accula	r diea		EN ONSET AT	ND DEATH
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_ n		NTECEDENT O		CIVING		(B)	R AS A CO	ONSEQU	ENCE O	F.	Description of the state of the				
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Z	NDEKTAIL	NG CONDITIO	ON LAST.			(c)									
24	22	, /	11									- 11			
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E D	ISE ASE OR	CONDITION	GIVEN IN PA	ART 1 (A)					*********						
20A.	DATE OF	FOPERATION	20B. CON	ADITION	FOR W	HICH OPERATION V	VAS PERF	FORMED					21. AUTOF	SY? (Yes o	r No)
. ()														No	
	DERLYING	NAL CAUSE V	RIB-		22B.PL	ACE OF INJURY (e.g orm, foctory, street, off	., in or ob ice bldg., e	etc.) INJ	WHERI JRY OC	E DID (I	f in Boltimore	e City, give ex	oct locotion)		
	NG ∐ CA	USE OF DEAT		\ /U-	.) Inne	INJURY OCCURRED		225	HOWI	DID INII	URY OCCU	IDO			
OF I	NJURY PROX.)	(Month) (Do	oy) (Yeor) (Hou	'	ILE AT NO	T WHILE E	7	HOWL	נאו טוט	UKY OCCU	Kſ			
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	result	ted from No	tural cad	ses X	Acc	ident Suic	ide 🗌	Hami	cide [7 0	n de termin	ed manner			
		V	/		111						AMINER				
1 30	ACTUAL	DW	/	1	11	115					AMINER	X		DATE SIGN	1ED
	SIGNATI		3/1/0	U	V	м.	D.								
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24A. BU	RIAL CRE		B. DATE	Lu F		Son, M.D.	or CRE	MATORY		724D. L	OCATION	(City, tow	June 1	2, 196 (Stot	
	AL (Speci		0	-/						1	00	7 11	2	1	
K	eme	wal ,	Kene.	15/6	9					7	reas	Will	0 11.	01	
25A. DA	TE REC'D	BY HEALTH	EPT.	25B. N		FREGISTRAR		25C. FUI	VERAL I	DIRECTO	R	1.	ADDRESS		
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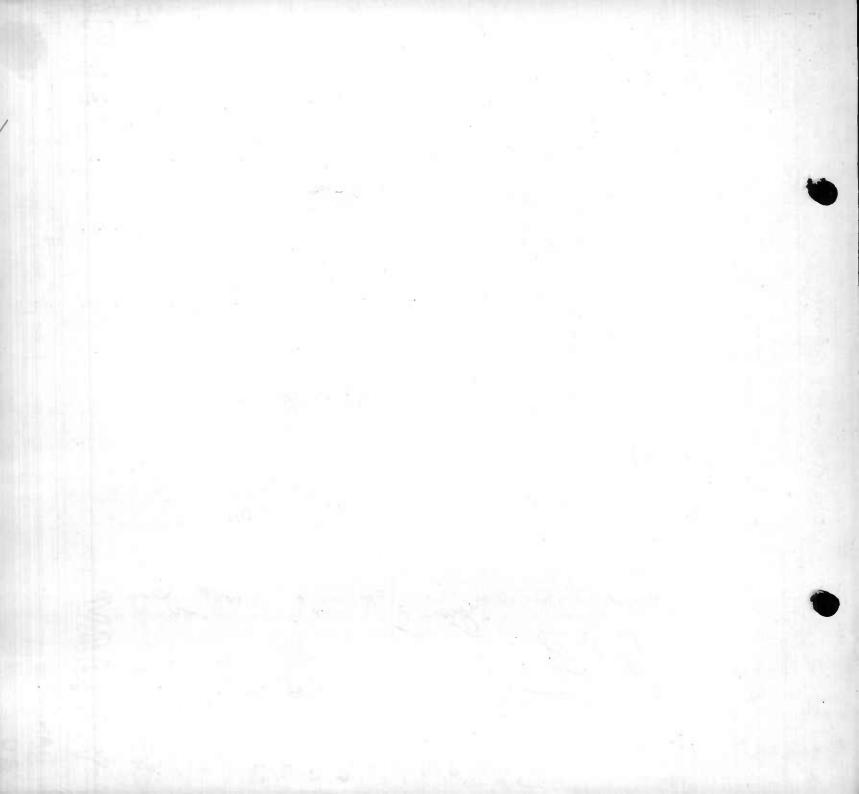
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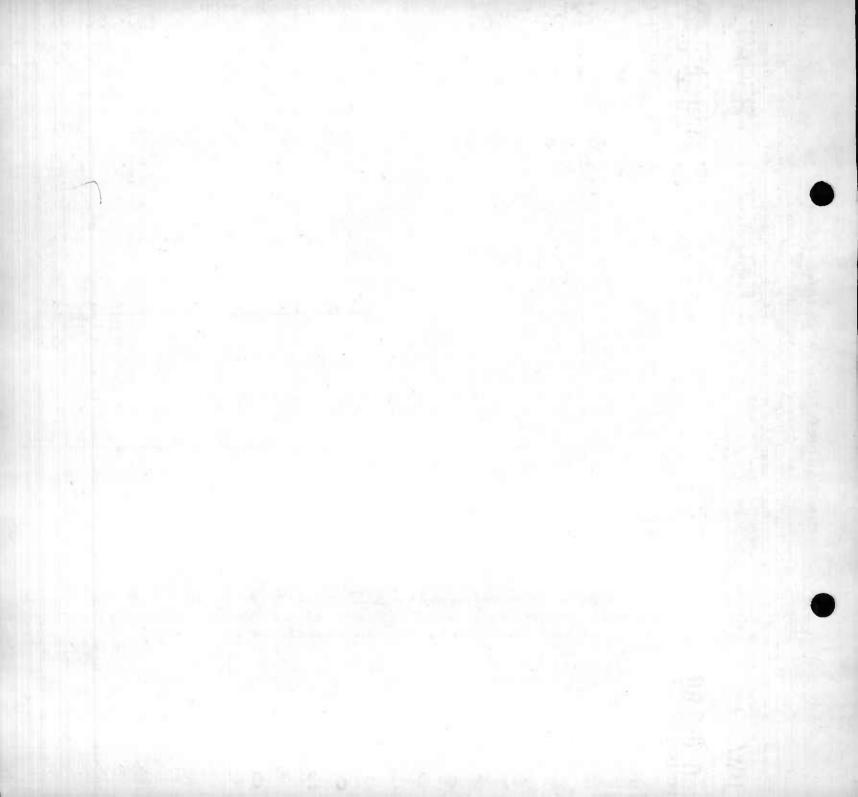
Such

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made.

-			. 000	BALTIMORE CITY	HEALT	H DEPARTMENT		68-6	299
(26	D	- 629	CERTIFICA	TE C	F DEATH	REG. NO.	00 0	1300
	H NO.	FASED					ND HOUR OF DEATH		
	e or Print)	ABRAHAM	Ch	IASE.			NE 8, 196	1 10	45 PN
3. P	LACE IN BAL	TIMORE MARYLAND, W	HERE PRON	OUNCED DEAD	4. USU A. STA	AL RESIDENCE (Who	ere deceased lived. If in	stitution; residence be	efore odmission)
F111	I NAME OF	UE NOT IN HOSPIT	AL OR INICT	TUTION CIVE CTOSET	11	RYLAND		-n 2	
HO	L NAME OF	ADDRESS OR LOCA	ATION)	ITUTION, GIVE STREET		OR TOWN	D. INSI	DE CITY LIMITS?	
9	ZIOLO BA	LTIMORE CITY	HOSPII	CALS	BA	LTIMORE		YES X	оП
5/		CASTERN AVENU		201	E. STRI	ET AND NUMBER			
1	BALTIN	MORE, MARYLAN	D #212	224	11	01 ORLEANS	STREET APT.	3D #212	.02
. S		6. RACE	7. MARRIED	NEVER MARRIED	8. DATE	OF BIRTH	9. AGE (In years lost birthday)		Under 24 Hrs.
1	ALE	NEGRO	WIDOWE	D DIVORCED	112	-25-98	70		
			10B, KIND	OF BUSINESS OR INDUSTRY	11. 8IRT	HPLACE (Stote or fore	eign country)	12. CITIZEN OF WI	HAT COUNTRY
one	during most of	working lite, even if retired)			MAR	YLAND		U.S.A.	
3. [ATHER'S NA	ME			14. MO	THER'S MAIDEN NA	ME		
	AARON	I				VICTORIA			
S. V	Vos Deceased	Ever in U. S. Armed For	ces?	16. SOCIAL	17. INFO	RMANT DAT MITS	ORE CITY HOS	ADDRESS	
řes	,no of unknown	(If yes, give wor or dote	es of service)	20-12-4923-A	RECO	RDS: 4940 E	ASTERN AVE.	BALTO. MD.	#21224
	18.	91		CAUSE OF DEAT	Н				AATE INTERVAL
	DISEAS	SE OR CONDITION DI	RECTLY						
	/This days a	LEADING TO DEATH	distance of a	(A) IMMEDIATE CAL	JSE A	RTERIOSCIE	R.DS15	lycu	2
	heorl foilure,	not mean the mode of asthenia, etc. It meons	the diseos	DUE TO, OK AS	A CONSE	QUENCE OF:		0	
	injury or com	aplication which coused	deoth.)		0				
		ANTECEDENT CAUSES		(8)	4	Hempure EQUENCE OF:	n		
		OR CONDITIONS, if	, ,		A CONS	EQUENCE OF:			
		above couse (A) G CONDITION lost.	sloling Ih	e (C)					
	5 0 W	V 11		(0)					
Z	OTHER SIGNIE	ECANT CONDITIONS CO	NTRIBUTING	Faver				- 30	
ATIOI	TO THE DEAT	H BUT NOT RELATED TO T	HE TERMINAL						
FIC	19A. DATE OF		DITION FOR	WHICH OPERATION	20A.	AUTOPSY? (Yes or N	o) 20B. IF YES, WERE	INDINGS CONSIDE	RED
ERTIFIC	0					NO	IN CERTIFIING CA	OSES OF DEATH:	
AL C	OR CONTRIBL	NT WAS UNDERLYING [JTING [] CAUSE OF medicol exominer)	ho	IB. PLACE OF INJURY (e.g., ome, form, foctory, street, oc.)	n or obou ffice bldg	1 21 C. WHERE DID INJURY OCCUR?	(If in Saltimor	e City, give exact loca	atian)
	21D. TIME	(Month) (Doy) (Year)	(Hour) 21	E. INJURY OCCURRED		21F. HOW DID IN	JURY OCCUR?		
ME	(APPROX.)			Vhile AI Not Whi	le 🦳				
	(AFFROA)		W	Vork At Work			(11
	22. I certify	that (1) (this haspital	l) attended	the deceased from	Max	1	19 68 to	Une 5	19 24
	that (I) (we)	last sow the decease	ed alive an	June 8	1	and the	hot in (my) Lour) opl	nion death accurr	ed an the dot
	and hour and	from the couses sta	ted obove.	(1) (We) (did) (did not)	view the	body ofter death.			
	23A. SIGN ATU	THE LOS	1	10 8				23B. DATE SIGNED	Ca
Н		Xall The	um	/// Phy	ending [Med.	Staff Phys.	6-8-68	
	23C. PHYSICA	N's	100-14	DEGREE	23D. AD		Eastern Ave	. Baltamore	ma Md.
	NAME	ype) 1051	THUMA	4 M.A		Patt C	te bless	Pall	That.
24A	BURIAL CRE	MATION, 248. DATE	24C-	NAME of CEMETERY OF CR	EMATOR	r 24D. I	LOCATION (Ci	ty, town, or county)	(Stote)
	REMOVAL	Specify)	1. 16	not of	1	1	1) +	1	ma
	Bur	ul Juner3	168	Mauhum	CON	n U	Ustport	/	114
25A	DATE REC'D	BY HEALTH BEPT.	25BPNAME	OF REGISTRAR	2SC	FUNERAL DIRECTO	3/	ADDR	ESS D . CI
		JUN / 8 1968	10 Pres	B E B TO D Kup	0/1	selanto. Z	Mickelow]]	2917 CM	estino y
15	50-REV. 1/1/	68			-11				



Ma	75	BALTIMORE CITY HEALTH DEPARTMENT
1,,,	TERRE	BIRTH NO. North Carolina 68-6300 CERTIFICATE OF DEATH REG. NO. 68-6300
	l and death eased n the Such	I. NAME OF DECEA PO 1 2. DATE AND HOUR OF DEATH
	of death Of death Deceased e on the	MH M3 10 Duer Mc NEII/ 6-14-68 3:30 Hm.
		A. STATE B. COUNTY
	hos Use (5) Iand	FULL NAME OF HOSPITAL OR HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN D. INSIDE CITY LIMITS?
	a hacaus ise; (senda to d	Baltimore YES NO [
	ed in ting d cau r att r att prior	DAITH HOSPITA E. STREET AND NUMBER
	ed ar	DITTO MAN
	contributed to the contributed t	Months Doys Hours Min.
	co co ete n r	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Signer or foreign country) 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Signer or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	or Jude Is ir de	Chita Marth Carolina
	rect or c (4) Undet was in the decision	Dreston Me Neill Mae H. Mc Neill-
Z	E 7 F E 0	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
MPORTAN	ssistar the c kind deat nce o final	(Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO.
Ö	2 4 2 0 0 F	18. APPROXIMATE INTERVAL
A P	den fo	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH Hy dro ee blockus 21 mas.
=		(This does not mean the made at dying, e.g., DUE TO, OR AS A CONSEQUENCE OF
~	ner. actui pro ular mbal	hearl lailure, asthenio, etc. II means the disease, injury or complication which caused death.)
. 5	E = T 0 D 0	ANTECEDENT CAUSES Neonatal Meningitis - 21 Mus.
E	ar w	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the
DIRECTOR:	s	UNDERLYING CONDITION lost. (C)
	medical burns; physicia an was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
RA	f me mec y bu phy ian e re	O THE RESIDENCE ON THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
UNERAL	bod bod he rsic	Several - 198. CONDITION FOR WHICH OPERATION WAS PERFORMED by choselphalus 200. Autopsy? (Yes or No.) 208. If Yes, were findings considered in certifying causes of death?
3	the call by (2) E ere to ph) efore	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location)
	トナルエッコ	DEATH (notify medical examine) etc.)
	4 5 5 C B	21D. TIME (Month) (Day) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? White At Not While
	Ge a	Work L Al Work L
	+ F.	22. I certify that (I) (this haspital) attended the deceased fram 5 - 2 + 19 68 to 6 / 14 19 68, that (I) (we) last saw the deceased alive an 6 / 14 19 68 and that in (my) (aur) apinlan death accurred an the date
	d to d to t of tal tal t be	and haur and fram the causes stated above. (1) (We) (did) (dld nat) view the bady after death.
	lust be a leased to ident of hospital o death)	23A. SIGNATURE 23B. DATE/SIGNED
	ccic	O. Franco, MD attending Director Direct
	certificate body was r rs: (1) An ar D.O.A. at a ased prior	23C. PHYSICIANS NAME (TYPE) 23D. ADDRESS NAME (TYPE) 23D. ADDRESS NAME (TYPE) 240 Po /2 NCO DEGREE 23D. ADDRESS NAME (TYPE) 401 - Balto, lud.
	M	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)
		Durial 6-17-68 Whiles Mess. As Dalleman Most. 256. Priveral director M ADRESS
	he hove	The Maries 170 71 Would



520 68

68- 6301 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH REG NO 68-	630:
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BIRTH NO.							REG.	NO.		
NAME OF DECEA		S. JONE	S	2. DATE OF DEATH	Known Estimoted	Month June	16, 1			55 P. _{M.}
I. PLACE IN BALTI/ FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT, ADDRESS OR LOCA	AL OR INSTITUTION		3. DATE PRONOL 5. USUAL RE	NCED DEAD		Doy 16, 1	.968 litution: reside	1:5	5 P. M.
16 Lu	theran Hosp	ital		I A STATE	ryland		B. COU	VIV		- 1
	RACE	B. MARRIED	NEVER MARRIED	C. CITY OR	rown		D. INSI	DE CLY LIVE	S?	16
Male	Negro	WIDOWED			ltimore			YES X	NO 🗌	
9-7-32	lost birthdo 35	y) Mont	nder 1 Yr, If Under 24 Hrs. hs Doys Hours Min,	94	ND NUMBER 10 Roseda	le Str	eet			
	te or foreign country)	V	CHIZEN OF WHAT COUNTRY?	13. FATHER		96				
4A.USUAL OCCUPA	TION (Give kind of work	148. KIND OF	U.S.A. BUSINESS OR INDUSTRY	15. MOTHER	S MAIDEN NA	WE			-	
one dorning most of wor	and me, even menedy			1	ortina	Wrigh	nt.			
	EVER IN U.S. ARMED		17. SOCIAL SECURITY NO.	1B. INFORM	ANT			ADDRESS		
ves			218266703 CAUSE OF DEA		tina Jo	hnsor	1	sam		TE INTERVAL
(This does not heart failure, o Injury or complete to The Rise To THE A	OR CONDITION DIRE ADING TO DEATH meon the mode of dy sthenio, etc. It meons the licotion which coused de ECCEDENT CAUSES CONDITIONS, IF AN BOVE CAUSE (A) STA GONDITION LAST.	ring, e.g., e diseose, oth.)	(A) IMMEDIATE CODE TO, OR A	AS A CONSEO		und of	head			
TO THE DEAT	II ICANT CONDITIONS C H BUT NOT RELATED TO ONDITION GIVEN IN P. OPERATION 20B. CO	THE TERMINAL	WHICH OPERATION W	AS PERFORM	ED.	· v a a d a a d d a r v a d		21. A	UTOPSY? (\	Yes or No)
20A. DATE OF C									es	
UNDERLYING AUST	SE OF DEATH.	r) (Hour) 2	PLACE OF INJURY (e.g., form, foctory, street, offic HOME ZE.INJURY OCCURRED NOT YORK NOT	e bldg., etc.) If	C. WHERE DID OURY OCCUR? 940 Rosed F. HOW DID IN Shot self	lale S	t.	ve exoct locotion	on)	
	from: Noturol cou	5.	Inspection Au Ceident Suicio M.D. ingate, M.D.	ASSIS	ond that on the condition of the conditi	Undeterm EXAMINER EXAMINER	ined mon	ner 🗌		SIGNED
24A. BURIAL CREMA REMOVAL (Specify)	ATION, 24B. DATE	0 (4)	C. NAME of CEMETERY	or CREMATO		alto.		d.	unty)	(Stote)
25A. DATE REC'D BY		25B. NAME	OF REGISTRAR AL		uneral director lson F.		134	8 Cal		St.

BELL , The Control JEL: Maria , E deta Designation of the second section of JES ALDER IN T. I. Comments of animals The court.

68- 6302 BALTIMORE CITY HEALTH DEPARTMENT

68-6302

	WEL	DICAL E	XAMINER'S	LEK HE	CATE OF	DEA	REG. NO.			
I. NAME OF DEC	EASED			2. DATE	Known 🕅	Month	Doy	Yeor	Hour	
(Type or Print)	HERMAN	REDD		OF DEATH	Estimoted		17, 196		100	м
4. PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRON	OUNCED DEAD	3. DATE		Month	Doy		Hour	101
FULL NAME OF HOSPITAL	(IF NOT IN HOSPIT	AL OR INSTITUTI	ON, GIVE STREET	PRONC	DUNCED DEAD	June	17, 196	8	2:58	A. M
OR INSTITUTION	ADDRESS OR LOCA	411014			RESIDENCE (Wher	e deceosed		n: residence be	lore odmi	ission)
South	Baltimore G	eneral I	Hospital (DOA	A. STATE	Maryland		PLOUNT	- 01	6	
6. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY O	R TOWN		D INSIDE C	ITY LIMITS?		
Male	Negro	WIDOWED [DIVORCED .		Baltimore		Y	ES X N	0	
9. DATE OF BIRTI	H 10. AGE (In years If U	nder 1 Yr. If Under 24 Hrs. ths, Doys, Hours, Min.	E. STREET	AND NUMBER					
4-3-19	5	2			1419 Chesa	peake	Court			
11. BIRTHPLACE (S	State or foreign country)		CITIZEN OF MHAT COUNTRY?	13. FATHE						
	la.	U .	D.A.		Guss Red					
14A.USUAL OCCU done during most of v	IPATION (Give kind of work working life, even if retired)	14B. KIND OF	BUSINESS OR INDUSTRY			ME				
					se					
	ED EVER IN U.S. ARME		17. SOCIAL SECURITY NO. 223128145	IB. INFOR		3.1		DDRESS	4 -	۸
no					aniel Re	aa	2414	Lauret	OXIMATE II	
19.24	71		CAUSE OF DEA		1.		1.	BETWEE	N ONSET A	
	E OR CONDITION DIR	ECTLY	Arteriosc	leroti	c cardiova	iscula	r diseas	e		
	LEADING TO DEATH not mean the mode of d	ving. e.g	(A)IMMEDIATE O		OUENCE OF.		0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
heort foilure	, osthenio, etc. It meons th application which caused de	e diseose,	DOL 10, OK	AS A CONSE	QUENCE OF:					
	NTECEDENT CAUSES OR CONDITIONS, IF AN	IV GIVING	(B)	AS A CONS	EQUENCE OF:				,=====+	*******
RISE TO THE	E ABOVE CAUSE (A) STANG CONDITION LAST.	ATING THE								
Z ONDEREIN		*	(c)							
THER SIGN	II VIFICANT CONDITIONS C	ONTRIBUTING								
O THE DEA	ATH BUT NOT RELATED TO	THE TERMINAL								
			WHICH OPERATION WA	AS PERFOR	MED		57. 10.1	21. AUTOPS	SY? (Yes	or No)
0								Yes		
O UNDERIVING	NAL CAUSE WAS	22B.	PLACE OF INJURY (e.g., e, lorm, foctory, street, offic	in or obout e bldg., etc.)	22C. WHERE DID INJURY OCCUR?	(If in Boltim	ore City, give ex	oct location)		
@ UTING □ CA	USE OF DEATH.									
OF INJURY	(Month) (Doy) (Yes	, ,	VHILE AT NOT	WHILE	22F. HOW DID IN	IJURY OCC	CUR?			
(APPROX.)				ORK						
23.	tify that I held an	Inquiry 🗌	Inspection Au	topsy X	and that an t	his hasis	, death in my	anlnian		
		777			lamicide 🔲		Ined manner			
resui	ted fram: Natural ca	USES EL	ccident Suicio	16 []	CHIEF MEDICAL					
ACTUAL	('/,	1)	Jan 1	Δς	SISTANT MEDICAL		F23	D	ATE SIG	NED
SIGNAT		750,	M.D).	OCIATE MEDICAL		n		100	
EXAMIN NAME (1	Type) Charles	S. Spr:	ingate, M.D.	M33	OCIATE MEDICAL	EVAMILATE	J	une 17,	1968	3
24A. BURIAL CRE		24	C. NAME of CEMETERY	ar CREMAT	ORY 24D.	LOCATIO	N (City, tow	n, or county)	(Ste	ote)
Buria			Arbutus 1	lem. F	k.	Ar	outus M	ld.		
25A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	25C.	FUNERAL DIRECT	OR	-	ADDRESS		
	JUN 18 196	المالية	M. E. Mansey	Ke	elson F.	H. 1	348 N.	Calhou	an S	t.
VS 151-REV. 1/1/61	В	1 9	5 8 0 0	06	3 0	0				

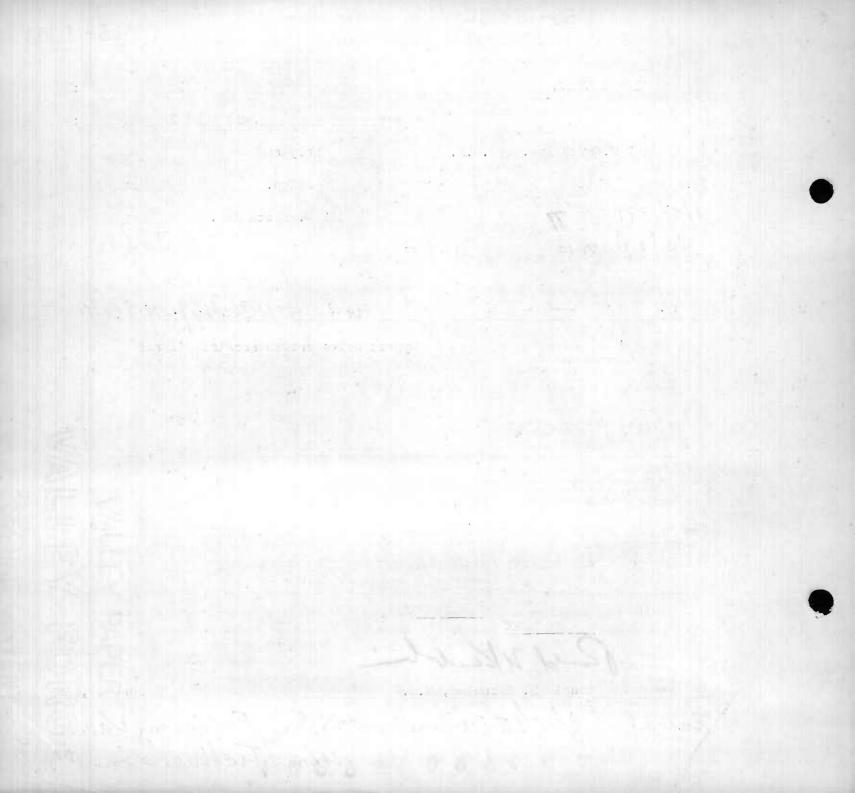
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68- 6303 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.-

68-6303

BII	RTH NO.				NEO. 140.			
	NAME OF DECEASED pe or Print)	2. DATE	Known X	Month	Day	Yeor	Hour	
(.,	IRENE LYELL	OF DEATH	Estimoted	6	13	68	8:30	р м.
4.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUN	ICED DEAD	uno	1 2	1968	0.20	
OR	INSTITUTION	5. USUAL RES	IDENCE (Where	une	ed. If institutio		8:30	sion)
17	100 11 11 1 1 1 1	A. STATE			B. COUNTY	2	All Company	,
-	102 W.North Ave. D.O.A.		laryland			d	03	
l°.	7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TO	DWN		D. INSIDE CI	ILA FIWI123		
F	emale White WIDOWED DIVORCED		Balto.		Y	ES XX I	10 D	
9.	DATE OF BIRTH 10.AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	E. STREET AN	D NUMBER					
	1/15/1891 79	102	W. North	Δνο			•	
11.	BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S		21VC-8	-	- 1		
	Cala for on ia WHAT COUNTRY?				1	x 1 7 <	sx m	
144	USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S	MAIDEN NAM	E	0	1100	10	
	e during most of working life, even if retired)		1.	11				
1/	Was Deceased Even In II S ADMED CORRES	10 101500111	Un/	Kno				
(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no or unknown) (If yes, give wor or doles of service) 17. SOCIAL SECURITY NO.	18. INFORMA	NI I I DI	01 1	A A	DDRESS	11 -	2,
L	No	MR-Wn	·BMC	105KE	47-16	07 501	toas	1.
	19. CAUSE OF DEAT	тн		-			ROXIMATE IN	
	DISEASE OR CONDITION DIRECTLY Hyper	tensive	cardiovas	scular	diseas			
	LEADING TO DEATH		cararova	o carar	a ro cao			
	(A) IMMEDIATE C (This does not mean the mode of dying, e.g., DUE TO, OR A	S A CONSEQUE	NCE OF:					
	heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)							
	ANTECEDENT CAUSES (B)	AS A CONSEQU						
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR A RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQU	ENCE OF:					
z	UNDERLYING CONDITION LÁST. (C)							
CERTIFICATION	4434 11						•	
1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
E	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							~~~~~~
Z	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED)			21. AUTO	PSY? (Yes o	r No)
Ü								
7	22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.,	in or about 22C	WHERE DID //	f in Rollimore	City give ex	oct location)	0	
EDIC	UNDERLYING ☐ OR CONTRIB- home, form, factory, street, office			i iii boiiiiiioii	City, give exc	ici i ocolio ii)		
ME	UTING CAUSE OF DEATH. 22D. TIME (Month) (Dov) (Yeor) (Hour) 22E.JNJURY OCCURRED	225	HOW SID IN III	UDV OCOL	D.O.		100	
-	OF INJURY NOT	WHILE -	HOW DID INJU	URY OCCU	K?			
	m. WORK AT W							
	23.							
	I certify that I held on Inquiry Inspection XIX Aut	lopsy 📙	ond that on thi	is bosis,	deoth in my	opinion		
	resulted from: Natural causes Accident Suicid	e Hom	icide U	Indetermin	ed monner			
-		СН	IEF MEDICAL EX	AMINER				.==
	SIGNATURE / Could William M.D.	ASSIST	ANT MEDICAL EX	AMINER	XX		DATE SIGN	1ED
	SIGNATURE M.D. M.D. EXAMINER'S		ATE MEDICAL EX					
	NAME (Type) Ronald N. Kornblum, M.D.	ASSUCI	ATE MEDICAL EX	AMINER	_	June 1	4, 196	
24	A. BURIAL CREMATION, 24B. DATE / 24C. NAME of CEMETERY	or CREMATORY	/ 24D. LO	OCATION		n, or county)	(Sto	
	MOVAL (Specify)	L'LDI	0	F .	1	1/	,	
1	Sunal 6/15/68 Farnham/3ap	7151 LA	(Enc)	aRZ	-/) LL	, Va	- 1	
25	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FU	NERAL DIRECTO	R) A	ADDRESS	10	11-1
	1966 (B.D. B. B. Fo. R	. Uto	mantil.	10/2	n 01 -	25m	130	258
VS	151-REV. 1/1/68	1 0 0	0// 1		,			44
			~					N/



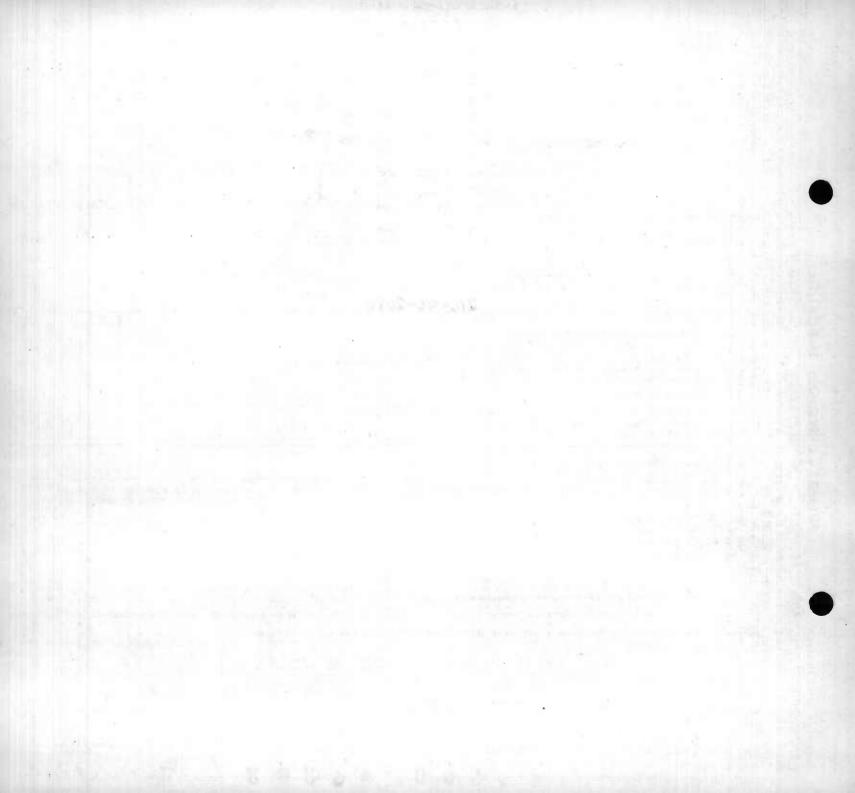
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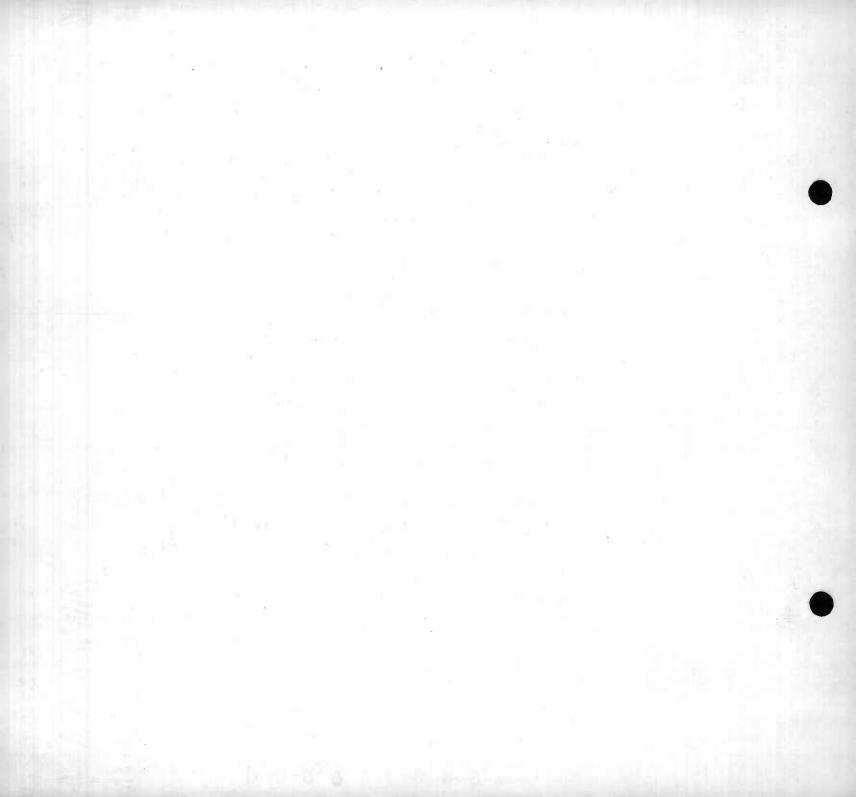
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	0	8- 6305 BALTIMORE CIT	Y HEALTH DEPARTMENT		68- 6305
	р	CERTIFICA	ATE OF DEATH	REG. NO.	00- 0000
BIRTH NO.	DECEASED		2. DATE AND HO	UR OF DEATH	
(Type or Print		1 sum o			1.30D
3. PLACE IN	Susie C. McC	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where dece	eased lived. If ins	titution: residence before odmission)
FULL NAME HOSPITAL CONTROL	R ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET CATION)	Maryland c. CITY OR TOWN	D. INSIE	DE CITY LIMITS?
91	Keswick Nursi	ng Home	Baltimore E. STREET AND NUMBER		YES NO NO
5. SEX	6. RACE	7- MARRIED NEVER MARRIED X		E (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Fema	ke White	WIDOWED DIVORCED	9-6-78	39	
tOA, USUAL		rk 108. KIND OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY
Sch	ool Teacher		Baltimore KNNXX	County	U.S.A.
3. FATHER'S			14. MOTHER'S MAIDEN NAME	Councy	0.0.11.
6 W. D.	Albert McClu	re.	Mary Ann Whit	tle	ADDRESS
(Yes, no or un	(nown) (If yes, give wor or do	orces? les of service) 1 6. SOCIAL SECURITY NO.	mary B. Di	Paula R	ADDRESS
N	0	711-111-208	Medical Records		
heart for injury a	LEADING TO DEATH ues nat mean the made o ilure, osthenia, etc. It means r camplication which cause ANTECEDENT CAUSE ES OR CONDITIONS, if the abave cause (A) LYING CONDITION last.	f dying, e.g., s the disease, d death.) S (A) IMMEDIATE CA DUE TO, OR AS (B) DUE TO, OR A	P NELLMONS S A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:	ud	Days Year
# TO THE	IGNIFICANT CONDITIONS CO DEATH BUT NOT RELATED TO OR CONDITION GIVEN IN PA	THE TERMINAL			
	TE OF OPERATION 198. COI	NDITION FOR WHICH OPERATION REFORMED	20A. AUTOPSY? (Yes or No) 20B.	IF YES, WERE FI	INDINGS CONSIDERED ISES OF DEATH?
OR CON	CIDENT WAS UNDERLYING [ITRIBUTING CAUSE OF (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	Clty, give exoct location)
OF INJU	IRY	(Hour) 21E, INJURY OCCURRED While At Not Wh Work At Work		CCUR?	
22. 1 ce	ertify that (1) Ythis hospite	al) attended the deceased fram	ANG 196	/ to 5	-29 19 68
that (1)	(we) last saw the deceas	sed alive an 5-27	19 68 and that in	my) (aur) apin	ian death accurred an the dat
		ated abave (1) (We) (did) (did nat)	view the bady after death.		
23A. SIGI	RK 6	endry DEGREE AH	tending Med. Staff ys. Director Phys.		23B. DATE SIGNED 5-27-28
23C. PHY	ME (Type)	/_	2 W Univers	its PK	tnv
24A RIIDIAI	Richard K.	Gundry MD DEGREE		ION (City	v. Aown. or county) (State)

25C. FUNERAL DIRECTOR To ADDRESS Bural 5/31/68 Oaklawn 25A. DATE REC'D BY HEALTH DEPT 196 258. NAME OF REGISTRAN VS 150-REV. 1/1/6B

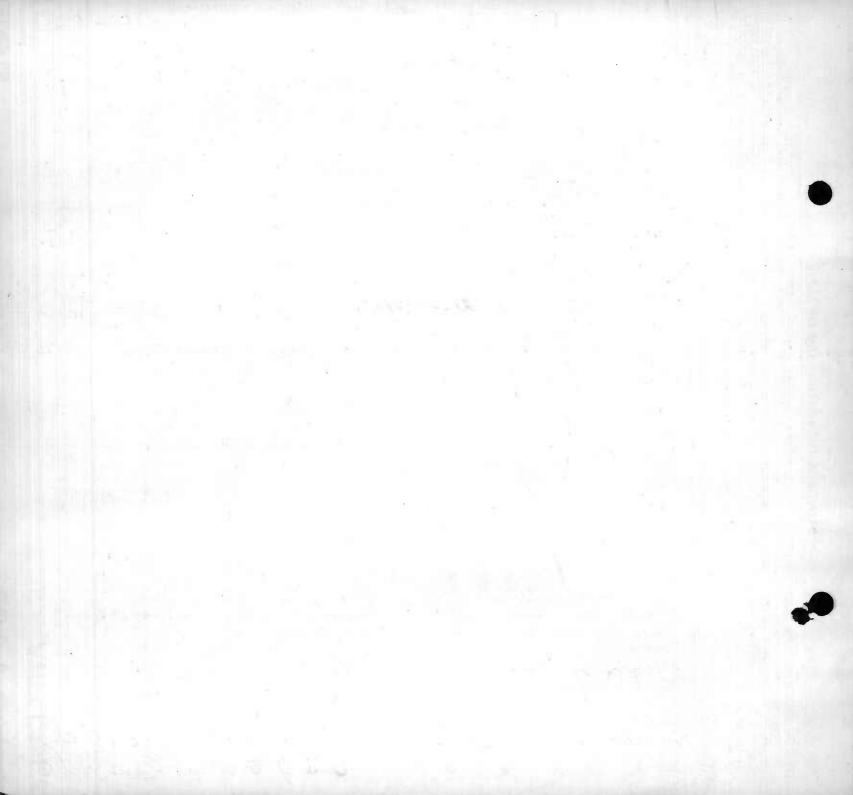




VS 150-REV. 1/1/68

68- 69	BALTIMORE CITY	HEALTH DEPARTMENT	68- 6300			
00 - 00	307 CERTIFICA	TE OF DEATH REG. NO.	00-000/			
BIRTH NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DEAT	н			
(Type or Print)Buccheri, Gaetano Le	onard	5/30/68	7 AM			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If A. STATE 8. COUNTY	institution: residence before admission)			
FULL NAME OF (IF NOT IN HOSPITAL OR INST	ITUTION. GIVE STREET	Maryland, Baltimore Ci	ty 5-02			
HOSPITAL OR ADDRESS OR LOCATION)			ISIDE CITY LIMITS?			
		Baltimore	YES 🖪 NO 🗌			
KESWICK HOME FOR INCU	TRABLES	E. STREET AND NUMBER				
700 W. 40m Street		26 S. Exater St. Apt	. #11			
	NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
Male White WIDOWE		12/23/1888 79				
10A. USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY			
Shoe Mfg.		Italy	USA			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	10011			
Salvatore Buccheri		Arringo				
5. Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS			
(Yes, no or unknown) (If yes, give wor or dotes of service	SECURITY NO.	0 .	700 WADDAYS St.			
NO	218-03-5181		Keswick			
18. 4	CAUSE OF DEAT	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		10 40				
(This does not meon the made of dying, e.	(A) IMMEDIATE CAL	ISE Diogery/works	112 Sudden			
hearl foilure, osthenia, etc. It means the diseas		A CONSEQUENCE OF:				
injury or camplication which caused death.)	(QD	2 / 14 67				
ANTECEDENT CAUSES	(B) Cullin	oschunc Proc Seose 5 915.				
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the		A CONSEQUENCE OF:				
UNDERLYING CONDITION last.	(c) lel	rat Vascular Discourse C	VFT 10418.			
420.1 11			4			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).		ness + Burcal desc de	10. 10. 10. 11. 15			
TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).	1 Deap	were frances are a	anset 13 413			
198. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 12	WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?			
OR CONTRIBUTING CAUSE OF	B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID (If in Boltin	note City, give exoct location)			
	(c.)					
21 D. TIME (Month) (Doy) (Year) (Hour) 2	IE. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	ALICE AND DESCRIPTION			
₹ (A BPBOY)	While At Not While	e 🗍				
	Vork	bruary 12 19 64 to 5-3	50-68			
22. I certify that (this haspital) attended			19			
that (We) last saw the deceased alive ar	-May-30	19_68and that In(my) 🏎 🕏 o	pinian death occurred an the date			
and haur and fram the causes stated abave.	(1) (\(\frac{4}{4}\) (did nat) v	iew the bady after death.				
23A. SIGNATURE			23 B. DATE SIGNED			
2. thuch ullen	11) GEGREE Phy	nding Med. Staff Phys	- 5=3/-68			
23C. PHYSICIAN'S	UE GREE	23D. ADDRESS				
NAME (Type) E. Hunter Wilso	n, Jr., M.D.	700 W. 40m Street, Ba	lto., Md. 21211			
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY OF CR	MATORY 24D. LOCATION	(City, town, 99 county) (State)			
REMOVAL (Spegity)	LIU Dala	10 14	Mal			
25A. DATE REC'D BY, HEALTH DEPT. 25B. NAMI	OF REGISTRAP	emer Salla-1	ADDRESS /			
JUN 19 1968, 12.0.	Br Go tolumes.	II M of Total	+ S. R. W. H			

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68- 6309 BALTIMORE CITY HEALTH DEPARTMENT

			00			DALTIMORE CITT HE						01		0000	
P			MED	ICAL	. EX	AMINER'S	CERTIFI	CATE	OF I	DEAT	H PEG NO	60	3	6309	
BIF	TH NO.										KEG. NO				
1. NAME OF DECEASED						2. DATE	Known		Month	Day	Yeo	or F	laur		
(i)	ĴĔŚŚĔ	C.		RII	DER		OF DEATH	Estimote	XIXb	June	4,	196	8	5:55 AM	
		LTIMORE, M.	ARYLAND, V	VHERE PI	RONOL	JNCED DEAD	3. DATE			Month	Doy	Yes	ar II	lour	
	L NAME OF	(IF NO	TIN HOSPITA	AL OR INS	TITUTIO	N, GIVE STREET	PRONO	UNCED DEA	AD ·	June	4,	1968		5:55 A.	
HO	SPITAL	ADDR	ESS OR LOCA	TION)			C LICUAL D	FCIDENCE	/van					ore admission)	
. 3	1/6						A. STATE	EZIDENCE	(Where c	seceased II	B. COUNTY	in: resider	nce beto	ore admission)	
10	119 W	. Unive	ersity	Pkwy	Ap	t. #1001	A. STATE Mai	ryland			/	d-	-)/	
6.	SEX	7. RACE		8. MARI	RIED	NEVER MARRIED	C. CITY OR	TOWN			D. INSIDE	CITY LIMIT	rs?	*	
l n	ale	whit	te	WIDOV			Ba	Ltimore	2			YESXX	NIC		
	DATE OF BIRT		10. AGE (II			er 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMB	BER			I E3 AA	INC	/ <u> </u>	
	- 00-	1000	last birthda	y)	Month	Doys Haurs Min.	143			and tre	Dlerry	Apt.	44.7	001	
	E13 +	1,1997	86					9 W. Ur	iivei	rsity	PKWy.	Apt.	7F I	001	
111.	BIRTHPLACE (State or forei	gn country)			TIZEN OF HAT COUNTRY?	13. FATHER	S NAME							
	SALTI	MODE	mo		U	S	Mo	55	Di	DEI	0				
				148. KIN	OF BI	SINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN	MAN P	E					
don	eduring most of	working life, e	ven it retired)	1	1 -	THILL	Doc	c 5	DAL	104	7 3.11	50			
16	WAS DECEAS	ED EVED IN	ILS ADME	FORCE	52	7. SOCIAL	18. INFOR	AANIT	0/4	IJ/T	2 1042	ADDRESS			
	s, na ar unknown					SECURITY NO.	A A	naini a a	-		1.5	SOURCOS.	1,51		
							CAK	IRIE.	Co	65	503.	E. 4	-	7	
	19.	2,4				CAUSE OF DEA	TH							XIMATE INTERVAL	
	DISEAS		DITIO N DIRE	CTLV											
	DISEA.	LEADING T		CILI		Arterios	clerot	ic Card	diova	ascula	ar Dise	ase			
	(This daes	not meon the	made of dy	ing, e.g.,		(A)IMMEDIATE C	AS A CONSEQ	LIENCE OF:					~~~~~		
	heart failure	e, asthenia, et mplication wh	c. It means the	diseose,		202.10,011.		021102 011							
		inpireonon wit		,											
	A	NTECEDENT	CAUSES			(8)									
	DISEASES	OR CONDIT	IONS, IF ANY	, GIVING		DUE TO, OR	AS A CONSE	QUENCE OF	:						
	UNDERLYI	NG CONDI	TION LAST.	IING IME		4-5									
No.						(c)			******						
CERTIFICATION	422	I CONTROL	NOITIONS C	ONITRIBLI	TINIC										
10	TO THE DE	ATH BUT NO	T RELATED TO	THE TERM	INAL										
<u> </u>			GIVEN IN PA												
1	20A. DATE O	F OPERATIO	N 208. CO	NOITION	FOR W	HICH OPERATION W	AS PERFORMED 21. A						AUTOPSY? (Yes or No)		
il .	0												No		
		NAL CAUSE			228. PL	ACE OF INJURY(e.g.,	in or about 2	2C. WHERE	DID (If	in Baltimo	re City, give e	xact locatio	on)		
E	UNDERLYING				hame,	farm, factory, street, affic	e bldg., etc.)	NJURY OCC	CUR?						
ıΨ	UTING CA		Day) (Year	r) (Hou	r) [22]	INJURY OCCURRED		2F. HOWD	ID INII	IPV OCCI	1102				
1	OF INJURY	(Manny (0011 (100)	(1100			WHILE .		10 11430	JK1 000.	OK:				
	(APPROX.)				m. WC	ORK AT W	ORK								
	23.				-	. 177	F								
	I cer	tify that I l	held an I	nquiry [Inspection Au	top sy	and that	t an thi	s basis,	death in my	y apinia	n		
	resu	ted from: 1	Natural cau	ses X	Ac	cident Suicio	le 🗌 Ho	omicide 🗌) U	ndetermi	ned manner				
			1110					CHIEF MEDI	ICAL EX	AMINER					
	ACTUAL		11/1/1/1/2	2	1	7		(Males)			X		DA	ATE SIGNED	
	SIGNATURE M.D.								14/68						
	EXAMIN		Werner	U. S	pitz	M.D.	ASSC	CIATE MED	ICAL EX	AMINER				,, .,, .,	
2.4	NAME (NAME of CEMETERY	CDEMATO	NOV.	240 14	OCATION	10		and the N	(54-4-)	
RE	A. BURIAL CRE MOYAL (Spec	ify)	248. DATE			•		ZKT	240. LO	OCATION	(City, tax	wn, or cou	inty)	(Stote)	
	MOYAL (Spec	rial	661	68	7	Veedlawn Com	stery		В	altim	ore Mar	ylan	d		
25	A. DATE REC'D	BY HEALTH	DEPT.	258. N		OF REGISTRAR		FUNERAL D				ADDRESS		-04	
		ILINE 1			0 6	O T.O.		. /	V	- 1			1	tifle	
		JUN	19 1968	J. Ola	but	T Z, Talker	To U	Jeth P	1.0	eak.	her I	Kon	1	MYD	
V5	151-REV. 1/1/6	8		1 4	-	9 4	0	0 0	1				-		

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68- 6310 BALTIMORE CITY HEALTH DEPARTMENT

00 00.0		00-	0341
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	68-	DOT

BIRTH NO.	REC	G. NO
. NAME OF DECEASED	2. DATE Known CX Month Do	Yeor Hour
(Type or Print) EDITH H. SANPHILIPO	OF DEATH Estimated 6 14	68 12:20 ам.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Do	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD June 14	1968 12:20 am.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If in A. STATE B. COL	
528 Wellesley St. D.O.A.	Maryland	SINT
6. SEX 7. RACE B. MARRIED NEVER MARRIED		SUPE CITY LIMITS?
	Polto	/(). ii O. km
Female White WIDOWED DIVORCED 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	Balto.	YES X NO L
Months, Doys, Haurs, Min.		
1918/1915 SE 572	528 Wellesley St.	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
VIRGINIA U.S.A.	Unthrown	
14A.USUAL OCCUPATION (Give kind af work 14B. KIND OF BUSINESS OR INDUSTRY done during mask of warking life, even if retired)	15. MOTHER'S MAIDEN NAME	
Housewiff	Hammond H.	GROOK
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT	ADDRESS
(Yes, na or, yn/mown) (if yes, give war ar dates af service) SECURITY NO.	Mallana + Southil	: -575116116/00
19. CAUSE OF DEAL	H	APPROXIMATE INTERVAL
7/1/217		BETWEEN ONSET AND DEATH
	sclerotic cardiovascular d	isease
LEADING TO DEATH (A)IMMEDIATE C		
heart failure, asthenia, etc. If means the disease,	S A CONSEQUENCE OF:	
injury or complication which coused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(C)	*** **** *** *** *** *** *** *** *** *	
OF COLUMN (C)		(A)
TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	C DEDICORAED	21. AUTOPSY? (Yes or No)
O A	3 FERFORMED	21. AUTOF31? (165 01 110)
		YES
228. PLACE OF INJURY (e.g., hame, farm, factory, street, affice	n ar about 22C. WHERE DID (If in Baltimare City, bldg., etc.) INJURY OCCUR?	give exact lacation)
UTING CAUSE OF DEATH.		
22D. TIME (Month) (Day) (Year) (Haur) 22E.INJURY OCCURRED OF INJURY	22F. HOW DID INJURY OCCUR?	
(APPROX.) WHILE AT NOT AT W	WHILE	
23.		
I certify that I held an Inquiry . Inspection . Aut	opsy XX and that an this basis, death	In my apinion
resulted from: Natural causes XX Accident Suicid		
Testined to Italian Causes 123 . Accident	CHIEF MEDICAL EXAMINER	illiet 🗀
ACTUAL SA /		DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Edward F. Wilson, M.D.	CREMATORY CONTRACTOR (C	June 14, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (CI	ity tawn or county) (State)
BURIO 6/17/68 Loudos	PK. Bal	le. Ma.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
11N 1 9 1988 A C. R. E. Falley M.	211. 95	S 10 1/1 11 11
101/1 T & 1300 10 Promp = 1	um of lessel	- som mary, ogo
10 101 001 1/1/10	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

PHIB/1915 832 Vieginia U. S. A. Unbougun Hammond H. Giren 21348-888 Madingent maghilipe 522 The state of the s Busial Withes London PK. Ballte NA War of Trellier - Sai Still

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BALTIMORE CITY HEALTH DEPARTMENT

ORE CITT TIESTETT DEL ARTMETT		00	0011
IFICATE OF DEATH	REG. NO	68-	6331
IFICATE OF DEATH			C

BIRTH NO.		0071 C	ERTIFICA	TE OF D	EATH	REG. NO	65=	6311
(TypMarkint) V	irginia Haynes	Campbell				9,1968	н	7.00 B
	ALTIMORE, MARYLAND, W		DEAD	A. STATE	B. COUNT	deceased lived. If	institution: reside	ence before admission
FULL NAME O HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, (GIVE STREET	C. CITY OR TOV	Baltimo		ISIDE CITY LIMIT	5? 13
00				Baltimo:			YES	NO 🗌
	ldorf Ave., Bal			2831 Wa	ldorf Av			
5. SEX	MARKIED PS INEVER MARKIED				la	AGE (In years st birthday)	Manths Day	r. If Under 24 Hrs
	CUPATION (Give kind of wark of working life, even if retired) NOTK	SS OR INDUSTRY	W. Virgin		n country)	U.S.	A.	
3. FATHER'S N Lane Ha				14. MOTHER'S A	MAIDEN NAM Branno			
5. Was Deceose Yes, no or unknow	ed Ever in U. S. Armed For		URITY NO.	17. INFORMANT			AD	DRESS
DISEASES use to the UNDERLYIN OTHER SIGN TO THE DELETE OF THE DISEASE OR	LEADING TO DEATH nal mean the mode af e, asthenia, etc. It means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION last. II IIFICANI CONDITIONS CO ATH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR	dying, e.g., the disease, deoth.) (any, giving stating the (any, giving stating the (any, giving stating the	A)IMMEDIATE CAL DUE TO, OR AS B) DUE TO, OR AS C)	a conseduence	lu	Gail	hel	
ER O	OF OPERATION 198. CON	ORMED	PERATION	20 A. AUTOPS	Y? (Yes at No)	20B. IF YES, WER IN CERTIFYING C	E FINDINGS CO AUSES OF DEA	NSIDERED TH?
_ OR CONTRI	BUTING CAUSE OF ify medical examiner)		OF INJURY (e.g., i factory, street, a	n or about 21C. W ffice bldg., INJURY	HERE DID OCCUR?	(If in Boltim	ore City, give ex-	act location)
21D. TIME OF INJURY (APPROX.)	(Manth) (Day) (Year)	(Hour) 21E, INJURY While At Work	OCCURRED Not Whill At Work		OW DID INJU	RY OCCUR?	4	
	fy that (1) (this haspital		osed from	752		toto	Wal 9	ccurred on the do
	and from the couses stor		did) (did not) v		-	m(my/ (our) b	pinion deoth o	ccurred on the do
23A. SIGNAT	Moro	75 CN		ending M	ed. S	haff hys.	23B. DATE SI	GNED 1/68
23C. PHYSIC NAME	(Type) SBURG	FSRCY	GEGREE	60/V	1, he	mrs 8	2 Ba	8017 Kg
REMOVAL BUN	(Special) 248. DATE	18 24C. NAME OF C	emetery of CRI	+ Cen	2. 24D. LO	Ra Ho	City, town, or co	unty) (State)
25A. DATE REC'	JUN 19 1968	258 NAME OF REGIS	Tanberga .	25C. FUNERA	L DIRECTOR	Tckner	2 500	S Balto.

VS 150-REV. 1/1/6B



1/8/68 - regiona son the a suppendit - information

from Paro Phys. - In damuel Whitehouse
see Tile in Bureau of Brostatistics
american Pelaj

VS 150-REV. 1/1/68

I was a sup Believer & It's EL Habeful Copkyman 14.25 616 MESS Clarke L. Chadie, 27 M. Garyrine Che. ASCUD

Maryland Reonard J Ruck Inc Baltimore, Maryland VS 150-REV. 1/1/6B

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ADDRESS

BETWEEN ONSET AND DEATH

SAM

If Under 24 Hrs.

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IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

MELLY HOSP, I'VE A 603 WAYSOND ME

WHENCHES BONTONNES, MID WATER

ANGUSTUS BEDATERAN E

MARTIN E

	68	3- 63:	6 BALTIMORE CITY			REG. NO.	6	8- 6316
BIRTH NO.	108-11035		CERTIFICA	TE O	F DEATH	REG. NO		0 0010
1. NAME OF	DECEASED				2. DATE A	ND HOUR OF DEATH	100	201
Dwigh	t ROBINSON.	BABY B	OY.	The Inches	6	114/68		8/A M.
3. PLACE IN	BALTIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	A. STATE	B. COU	NTY	nstitution:	residence before admission)
FULL NAM	E OF (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET		RYLAND		15	-//
INSTITUTION	THE JOHNS HOL		HOSPITAL		OR TOWN	D. INS	IDE CITY	_ / _
23	BALTIMORE, ME				T AND NUMBER	•	YES _	X NO L
2/	,,,,,,				01 COLUM	DIIC DDIVE		
5. SEX	6. RACE	7. MARRIED	NEVER MARRIE	B. DATE		9. AGE (In years	II Und	der 1 Yr. If Under 24 Hrs.
MALE	NEGRO	WIDOWED		6-1	4-68	losf birthdoy)	Months	Doys Hours Min,
OA. USUAL	OCCUPATION (Give kind of work					eign country)	12. CI1	TIZEN OF WHAT COUNTRY?
done during m Infa	nost of working life, even if retired)			Ba	ltimore.	Maryland		U.S.A.
3. FATHER'S					HER'S MAIDEN NA			
5. Was Dec	VIGHT ROBINSO	N rces?	1 6. SOCIAL	17. INFOR	AULA BRO	WIN		ADDRESS
	known) (If yes, give wor or dote		SECURITY NO.					
			-0-	_	Sylvania	a Brown 3	806	Ridgewood Av
1B. O	3671		CAUSE OF DEAT	Н				BETWEEN ONSET AND DEATH
D	DISEASE OF CONDITION DIS LEADING TO DEATH	RECTLY			Sepsis	2		48 hours
	oes not meon the mode of		(A) IMMEDIATE CAL	A CONSEC				1071000
	pilure, osthenio, etc. It means or complication which coused		DGE 10, 011 A3	A GONSEG	GEN GB OF			
	ANTECEDENT CAUSES							
DISEAS	ES OR CONDITIONS, il		(B)	A CONSE	QUENCE OF:	*****		
rise lo	the above couse (A)		A					
UNDER	LYING CONDITION last.		(c)					
z 05	3.4 II	NITBIDLITING	<i>D</i>		11			
TO THE	DEATH BUT NOT RELATED TO THE	HE TERMINAL	rem	ratur	iry			• • • • • • • • • • • • • • • • • • • •
	TE OF OPERATION 198 CON	IDITION FOR V	VHICH OPERATION	20A.	UTOPSY? (Yes or N	o) 20B. IF YES, WERE	FINDING	S CONSIDERED
DI 19A. DA	WAS PERI	FORMED			YES	IN CERTIFYING CA	USES OF	DEATH?
U 21A. AC	CIDENT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., i e, form, foctory, street, of	n or obout	21C. WHERE DID	(If In Boltimo	re City, gi	ive exoct location)
	(notify medical examiner)	etc.)		oo oragu,				
0 21 D. TIN		(Hour) 21E.	INJURY OCCURRED	,	21F. HOW DID IN	JURY OCCUR?		
OF INJU		Whi	le At Not While			(
22 1 00	ertify that (1) (this haspital			June	14	19 6 to J	Linal	16 10 68
	(1) last saw the decease				19108			ash assured as the date
							illiali de	arn accorred an rive date
23A. SIG	ur and fram the causes stat	rea diave. (I) (me) (ala) (ala nat) v	riew the i	day after death.		238 D4	ATE SIGNED
	Michaell.	Sun	AMA MA Atte	ending 🔽	Med.	Staff	250.07	1.11/10
22 0 011	SICIAN'S	Junovi ,	DEGREE Phy	ending s.	Director L	Staff Phys.	-	8110168
NA	ME (Type)			23 D. ADDI				
	MICHAEL A.	SIMMO	NS M.D DEGREE	JOH		NS HOSPIT		
REMO	VAL (Specily)		ME at CEMETERY of CRE					or county) (Stote)
Buria		-68 Ar	butus Mem.	Park		Baltimore,	Ma	aryland
25A. DATE I	REC'D BY HEALTH DEPT	2SB. NAME C	FREGISTRAR		UNERAL DIRECTO			ADDRESS
	JUM 82 1900		9 0 3	MC	RTON & D	YETT F.H.	170	l Laurens St.

Sepsis

Remarkinty

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James 14 .

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Michael Jimmora, mo

68- 6247

TO !			MED	ICAL	EXAM	AINER'S	CERTIF	CATE O	F DEA	TH.		00	00	1.0
BIRTH	NO.									REG.	NO			
	ME OF DEC	EASED					2. DATE	Knawn 🔲	Manth	Day	,	rear H	lour	
(Type o	r Print)	ARRY H	enry		MATTH	EWS	OF, DEATH	Estimated [)					М.
4. PLA	CE IN BAL	IMORE, MAR		HERE P	RONOUNCE	D DEAD	3. DATE	•	Manth	Day		Year 1	lour	141.
	AME OF	(IF NOT	IN HOSPITA	LORINS	TITUTION, GIV	'E STREET	PRONC	UNCED DEAD	Tremo	17, 19	60		6.05	Α.
OR INS	TAL	ADDRES	S OR LOCAT	ION)			5 IISHAL	RESIDENCE (Who				lence hefr	6:05	AM.
-							A. STATE		ere deceds	B. COUN		zoneo ben		
1		Baltimo						laryland		0		-	4	
6. SEX		7. RACE		8. MARI	RIED NEV	ER MARRIED	C. CITY O	RIOWN		D. INSIE	E CALATI	NI S?	1	
Ma	le	Negro		WIDO	WED 🗌	DIVORCED .	Balt:	imore		0	YES X	NO		
9. DAT	E OF BIRTI		10. AGE (In		If Under 1 Y	r, If Under 24 Hrs.	E. STREET	AND NUMBER						
2-	-25-19		last birthday	64	Manins	i i i i	253	W. Balt	imore	St.				
		tate ar fareign	cauntry)	0 1	12. CITIZEN	I OF	13. FATHE		THIOLO	0.0				
		3.4	7			OUNTRY?		ohn Mat	+ how	e				
Bal	timor	e, Mar	ryland	AR KINI	U.S			R'S MAIDEN N		3				
		arking life, eve						lizabet		tthous				
	borer				dix F				.II Pla	CCHEWS				
		(If yes, give wo			S? 17. SC	CURITY NO	18. INFOR				ADDRE		D- 1	4.0
	0.				218	-07-645	7 Mrs	. Harri	ett.	H1CKS	253	3 W.	Bal	TO.
19.	4.1	4				CAUSE OF DEA	ATH						XIMATE INT	
	DISTAG		TIGAL DIDEC	7711									014027 711	DEATH
		E OR CONDIT LEADING TO		LILY				cotic car	diova	scular	disea	se		
	(This daes n	ot mean the n	node of dyi	ing, e.g.,		(A) IMMEDIATE	AS A CONSE	QUENCE OF:						
	heart failure	, asthenia, etc. oplicotian which	It meons the	diseose,		20210,01	70 7 001102							
	,,			,,,,										
	1A	NTECEDENT C	CAUSES			(B)								
	DISEASES O	OR CONDITIO	NS. IF ANY	GIVING		DUE TO, OR	AS A CONS	QUENCE OF:						
	UNDERLYIN	IG CONDITIO	ON LAST.	INO INI		(c)								
CERTIFICATION		,				(6)	1 da da da da da 10 10 da da da 17 10 da da 47 10		,					
I	OTHER SIGN	FICANT CON	ditions C C	ONTRIBU	TING									
음	TO THE DEA	CONDITION C	RELATED TO	THE TERM	MINAL							**********	terda da da da da	
20						OPERATION W	AS PERFOR	MED			21.	AUTOPS	Y? (Yes or	r No)
80	DAIL OI	01 011 111 111					, a rem on				-			,
-10			110.0		200 01 4 65	05 0.11107/		200 1101505 011	D (1/ - D)	- C': .		Yes		
S 22/		NAL CAUSE V ☐OR CONT			home, form,	OF INJURY(e.g. factory, street, offi	, in or obaut ce bldg., etc.)	22C. WHERE DII	O (If in Bolt	rimare City, giv	e exoct loc	otian)		
		USE OF DEAT												
	D. TIME	(Manth) (Do	ay) (Year) (Hou	r) 22E.1NJ	JRY OCCURRED		22F. HOW DID	INJURY O	CCUR?				
	PPROX.)				m. WHILE AT		WORK							
23.					III., WORK		WORK							
	I cert	ify that I he	eld an I	nguiry	Inspe	ection A	utopsy X	and that on	this bas	is, deoth in	my opin	lon		
								omicide						
	resur	ed Irom: INC	# COU	1)	Accide	30101	de 🗀 🕛				101			
	ACTUAL	(1)	1	1	1	4	2	CHIEF MEDICA				DA	TE SIGN	IED
	SIGNATI	JRE	wy.	70	1	- John	D, ASS	ISTANT MEDICA	L EXAMIN	ER X				
	EXAMIN	ER'S	1 0			76.7	ASS	OCIATE MEDICA	L EXAMIN	ER	June	17,	1968	
	NAME (1			• Sp	ringate									
	URIAL CRE		B. DATE		24C. NAM	AE of CEMETERY	or CREMAT	ORY 24	D. LOCATI	ION (City,	, tawn, ar	county)	(State	e)
	VAL (Speci urial	Υ)	6-20	-68	Mou	int Aubu	rn Ce	metery	Balt	imore		Ma	ryla	and
		BY HEALTH D			NAME OF RE			FUNERAL DIRE			ADDRI	SS		
ZJA. L	MIL KEC D	PRI TO 4	IOOC /	230. 1	A 6									
		AN TA	19.05" (1 Kg	DE,	Falley MA	M	ORTON &	DYE	rt f.H	. 170)1 L	aure	ns S
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68- 6319 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.
(Type or Print) OLIVIA SMITH	2. DATE Knawn Manth Doy Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	DEATH Estimoted L. Manth Day Year Hour PRONOUNCED DEAD June 16, 1968 9:15 A.
1431 Brunt Street	A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? KES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days Haurs, Min. 75	E. STREET AND NUMBER 1431 Brunt Street
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY!	13. FATHER'S NAME-
14A.USUAL OCCUPATION (Give kind of world 14B. KIND OF BUSINESS OF INDUSTR dane during most of working life from thretized)	Sally Scott
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na ar unknawn) (If yes, give war, ar dotes af service)	Muchey Crawford 2324 Ono Ruke
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	CAUSE AS A CONSEQUENCE OF: BETWEEN ONSET AND DEATH
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Yeor) (Haur) 22E.INJURY OCCURRED OF INJURY (APPROX)	, in ar about 22C. WHERE DID (If in Baltimore City, give exact location) ce bldg., etc.) INJURY OCCUR?
l certify that I held an Inquiry Inspection A Accident Suici ACTUAL SIGNATURE EXAMINER'S Charles S. Springate, M.D.	DATE SIGNED ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER June 17, 1968
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	TOP CREMATORY 24D. LOCATION (City, tawn, or county) 25D FUNERAL DIRECTOR ADDRESS ADDRESS
1111 19 1900 (11/100) 5 19 19 19	supply wor 1000 number

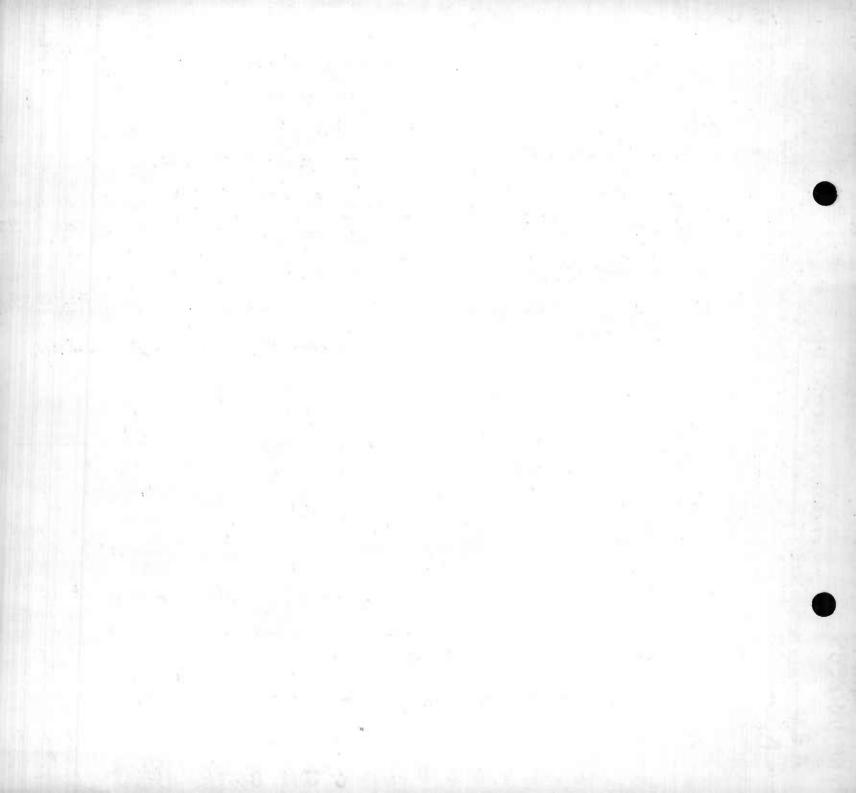
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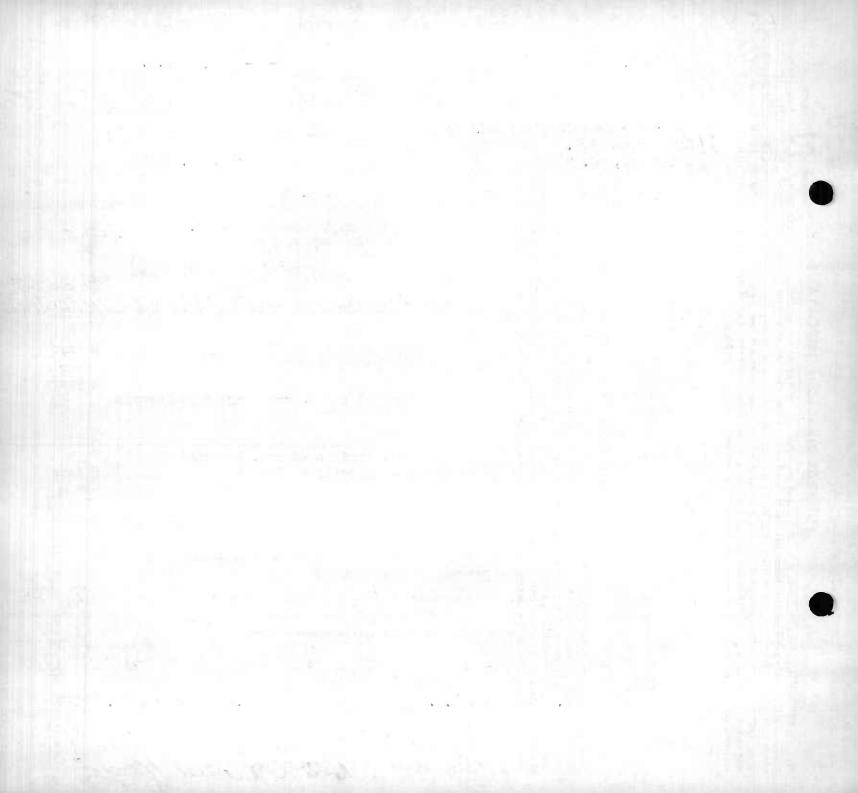
IMPORTANT

FUNERAL DIRECTOR:



VS 150-REV. 1/1/6B

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) D. INSIDE CITY LIMITS? NO If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? BETWEEN ONSET AND DEAT le days over 4 years 8 days (If In Boltimore City, give exact location) and that in (my) (aur) apinfan death accurred an the date 23 BADATE SIGNED





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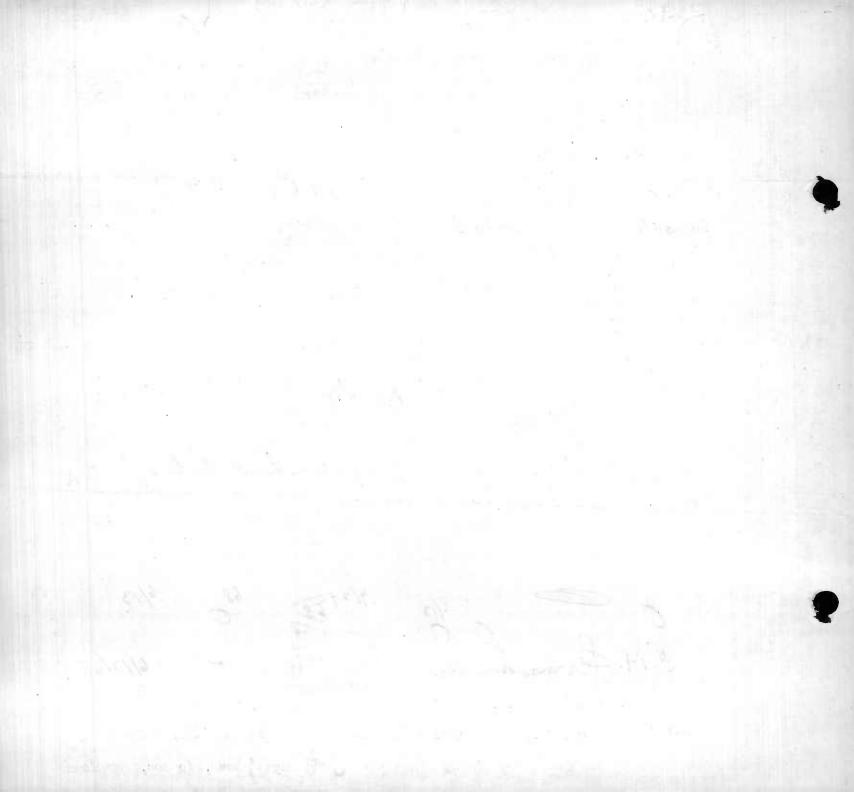
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M.E. CASE NO.		CERTIFICA	TE OF DEATH Registered N	68- 6325
Type or Print)		A 1 .	2. DATE AND HOUR OF DEAT	
		rge Appleton	June 14, 1968 4. USUAL RESIDENCE (Where deceased lived, III	6:30 9
FULL NAME (HOSPITAL OR INSTITUTION	OF (II not in hospitol o oddress or locotion)	r institution, grve street	I A. STATE R. COUNTY	rell County
	een Nursing Ho	ome	D. STREET ADDRESS (If rurol, give locotion) Heldreth Apts.	1-43
- SEX	6. RACE	7. MARRIED, NEVER MARRIED	O DATE OF BURYLL	If Ilodas 1 Ye If Ilodas 24
Female	White	WIDOWED, DIVORCED (specify) Widow 10B, KIND OF BUSINESS OR INDUSTRY	Sept. 28, 1889 11. BIRTHPLACE (Stote or foreign country)	Months Doys Hours Min
Houseui 3. FATHER'S NA		Own Home	Tazewell, Virginia	WHAT COUNTRY?
Thoma	s Edwin George		Julia Brown Witten	
5. Was Deceased Yes no or unknown	Ever in U. S. Armed Force (III yes, give way or dotes	of services 16. SOCIAL SECURITY NO. 403-09-72800	Family records	ADDRESS
(This does heart foilure, injury or cor	SE OR CONDITION DIRE LEADING TO DEATH not meen the mode of osthenio, etc. it means nplicotion which caused ANTECEDENT CAUSES OR CONDITIONS, if of e obove cause (A)	dying, e.g., the disease, death.) (B) DUE TO DUE TO	Estive Heart Faelur	ONSET AND DEATH
		3		
UNDERLYIN A 50, OTHER SIGN TO THE DISEASE OR	G CONDITION lost. O IFICANT CONDITIONS COMMENT BUT NOT RELATED TO THE CONDITION CAUSING IT	ONTRIBUTING FED TO THE	20A ALTORSY2 (Yes or No) 20R IE VES WEE	DE EINDINGS CONSIDERED
UNDERLYIN OTHER SIGN TO THE D DISEASE OR 19A. DATE OF	G CONDITION Iosi. IFICANT CONDITIONS CODEATH BUT NOT RELAT CONDITION CAUSING IT	ONTRIBUTING TED TO THE	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
UNDERLYIN OTHER SIGN TO THE D DISEASE OR 19A. DATE OF OR CONTRIBE	G CONDITION Iss.	ONTRIBUTING FED TO THE DITION FOR WHICH OPERATION	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exact location)
UNDERLYIN OTHER SIGN TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIB	G CONDITION Ideal. IFICANT CONDITIONS CONDEATH BUT NOT RELATED TO AUSING IT FOPERATION 198. CONDITION CAUSING IT WAS PERFOUNT WAS UNDERLYING UTING CAUSE OF	ONTRIBUTING FOR THE ONTION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., ir home, lorm, foctory, street, of etc.)	in or about 21C. WHERE DID (II in Boltin fice bldg., INJURY OCCUR?	CAUSES OF DEATH?
UNDERLYIN OTHER SIGN TO THE D DISEASE OR 19A. DATE OF OR CONTRIB DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we)	G CONDITION last. O IFICANT CONDITIONS CONDITION CAUSING IT FOPERATION 198. CONDITION CAUSING IT FOPERATION 198. CONDITION CAUSING IT OPERATION 198. CONDITION CAUSING IT WAS UNDERLYING UTING CAUSE OF medical examiner! (Month) (Doy) (Year) That (1) (this hospital) I last saw the deceased of from the causes state JRE JUDICAL MARKET ANYS	ONTRIBUTING FED TO THE DITION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., ir home, form, foctory, street, of etc.) (Hour) 21E. INJURY OCCURRED While At Not While At Work attended the deceased from 1 ad above. (1) (We) (did) (did not) v Phys.	IN CERTIFYING (In or about 21C. WHERE DID In or about 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 to	nore City, give exact location)
UNDERLYIN NOTHER SIGN TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIB DEATH (notify) (APPROX.) 22. I certify that (APPROX.) 23A. SIGNATI 23C. PHYSICIA NAME (1)	G CONDITION last. O IFICANT CONDITIONS CONDITION CAUSING IT F OPERATION 198. CONDITION CAUSING IT F OPERATION 198. CONDITION CAUSING IT WAS UNDERLYING UNING CAUSE OF Medicol exominer! (Month) (Doy) (Year) O that (I) (this hospital) I last saw the deceased of from the causes state JRE JRE JRE JRE JRE JRE JRE JRE JRE JR	ONTRIBUTING FED TO THE DITION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., ir home, form, foctory, street, of etc.) (Hour) 21E. INJURY OCCURRED While At Not While At Work attended the deceased from and deceased from the	IN CERTIFYING (II in Boltin fice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 6 to	pinlon death occurred on the
UNDERLYIN OTHER SIGN TO THE DISEASE OR DISEASE OR 19A. DATE OF OR CONTRIBI DEATH (notify (APPROX.) 22. I certify that (I) (we) and hour on 23A. SIGNATU NAME (I) 24A. BURIAL CRE REMOVAL (I)	G CONDITION last. II IFICANT CONDITIONS CONDITIONS CONDITION CAUSING IT FOPERATION 198. CONDITION CAUSING IT FOPERATION 198. CONDITION CAUSING IT WAS UNDERLYING (Mass Performance) (Month) (Doy) (Year) I that (1) (this hospital) I that (1) (this hospital)	ONTRIBUTING FED TO THE DITION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., ir home, lorm, foctory, street, of etc.) (Hour) 21E. INJURY OCCURRED While A1 Not While A1 Work attended the deceased from add alive an way 13 and above. (1) (We) (did) (did not) v Attended the deceased from the etc.) Attended the deceased from the etc.	IN CERTIFYING (III in Boltin fice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 6 to	pinlon death occurred on the

Correlat that Southers For L Haland as Part

F	2-10	68	- 632	3()	TE OF DEA		G. NO	68-	6326
1. N	H NO. AME OF DEC e or Print)			Mary Ella Robe	12 D	ATE AND HOUR			(20)
2 0	HACE IN HAL	IMORE MARYLAND, W	•	0 -	4. USUAL RESIDENC	June 13			6:30 Am
FUL	L NAME OF			UTION, GIVE STREET	A. STATE B. Maryland	Baltin	nore		53-00
INS	Baltimor	e City Hospi	tals		c. CITY OR TOWN Timonium		D. INSI	YES X	? NO □
		tern Ave. e, Md. #2122	4		8 Crowthe				
5. S	Female	6. RACE White	7- MARRIED		6/8/89 18	9. AGE (In lost bittled)	y 8/	If Under 1 Y Months Doy	r. If Under 24 Hrs. s Hours Min.
			10B, XIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or fareign country)		12. CITIZEN	OF WHAT COUNTRY
	ousewif	vorking life, even if retired)	Own H	ome	Maryland	i .		U.	S.A.
	ATHER'S NA				14. MOTHER'S MAID	EN NAME			
		eorge Gibson	<u> </u>			Annie Hint	on		
Yes.	, no or unknown	Ever in U. S. Armed For Off yes, give war ar date None	ces? 's of service)	16. SOCIAL SECURITY NO.	BCH: Record Baltimore,	ds 4940 Ea Md. #2122	stern		DRESS
7	heart failure, injury ar cam DISEASES Crise to the	LEADING TO DEATH at mean the made af asthenia, etc. It means plication which caused ANTECEDENT CAUSES OR CONDITIONS, if abave cause (A) B CONDITION last.	the disease, death.)	(B) AS	SE CVA A CONSEQUENCE OF: A CONSEQUENCE OF				7 month
ATIC	TO THE DEAT	ICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR	HE TERMINAL T 1 (A).	Cv.	ngestive	hemt p	alm	ه ا	2 yrs
ERTIFIC	O	WAS PER		WHICH OPERATION	20 A. AUTOPSY? (Ye	IN CERT	IFYING CAL	INDINGS CON USES OF DEAT	TH?
0	OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF medical examiner	21B. hom etc.	PLACE OF INJURY (e.g., in e., form, factory, street, of	n or obout 21 C. WHERE injury OC	DID (I CU R?	f in Boltimore	e City, give exo	oct location)
MEDI	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		INJURY OCCURRED ile At		DID INJURY OCC	J R?		
	that (I) (we)	that (I) (this hospital last sow the decease I from the causes sto	d olive on	he deceosed from (/3)(We) (did not) v		ond that in my	to ' (our) opin	6//3 nion death ac	19 6 8
	23A. SIGNATU 0-/ 23C. PHYSICIA	M. Ferin	sohn	M. DEGREE Phys	nding Med. Director	Staff Phys.		6//3/	GNED 68
	NAME (T	DR. LEVINSOHN		DEGREE	Baltimore C Baltimore.	Md. #212	24		
24A	REMOVAL (S			Jessops Ceme		Cockeysv.		Maryland	
25A.	. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DI		-	, A	ADDRESS
VS 1	150-REV. 1/1/6	В							



68- 6327 BALTIMORE CITY HEALTH DEPARTMENT

68- 6327

MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH REG.	NO
1. NAME OF DECEASED	2. DATE Known X Month Day	Yeor Hour
(Type or Print) MARVIN BALDWIN	OF DEATH Estimoted UnJune 16, 1	968 9:34 A. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy PRONOUNCED DEAD	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	June 16, 1	
33	A. STATE B. COUN	
Johns Hopkins Hospital	Maryland	AT CITY HANTS
6. SEX 7. RACE 8. MARRIED NEVER MARRIED		DE CITY LIMITS?
Male White WIDOWED DIVORCED		YES X NO L
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Months, Doys Hours 1 4		
11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	,
WHAT COUNTRY?	W. H. BADWIN	
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDU done during most of working life, even if retired)	STRY 15. MOTHER'S MAIDEN NAME	
(zisse)	REBEYLA RATLIFF	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT	ADDRESS
YES KOREGI	RAU BAININT MOOR	EEEN WILL
9. CAUSE OF	DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		DETWEEN ONSET AND DEATH
	ATE CAUSE Multiple injuries	AVER THE STATE OF
	OR AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO,	OR AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE	ON AN A CONSEQUENCE OF	
UNDERLYING CONDITION LAST. (C)		
E E-8/6.4 "		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
OF TO THE R SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	21. AUTOPSY? (Yes or No)
		Yes
ZOA. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 228. PLACE OF INJURY (home, form, foctory, street, true) UTING □ CAUSE OF DEATH. ctreet	e.g., in or obout 22C. WHERE DID (If in Boltimore City, giv office bldg., etc.) INJURY OCCUR?	e exoct locotion)
The state of the s	Ft.Smallwood Rodd nor	th of Wagners Statio
	NOT WHILE T I solved in trust during	Road
23.	AT WORK Locked In Liunk duri	collision
I certify that I held an Inquiry Inspection	Autopsy X and that an this basis, death in	my apinian
resulted fram: Natural causes Accident Su	ricide Hamicide Undetermined mann	ner X
Q0 1 1 0 0 0 0 1	CHIEF MEDICAL EXAMINER	DATE SIGNED
ACTUAL SIGNATURE	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE EXAMINER'S Charles S. Springate, M.	D . ASSOCIATE MEDICAL EXAMINER	June 17, 1968
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMET	ERY or CREMATORY 24D. LOCATION (City,	town, or county) (Stote)
REMOVAL (Specify) 1 -16-16/5 61	- Marine Maria	12116
DATE DECID BY HEALTH DEDT	26C & ELINISPAL DIRECTOR	ADDRESS
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR	ADDRESS
JUN 1 9 1968 Robert & Fall	4MA Deneral Stroke	2 sole Northeop

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68- 6328 BALTIMORE CITY HEALTH DEPARTMENT

DO DOZO BALTIMORE CITT HEA		60_ 6000
MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH REG. NO.	68- 6328
1. NAME OF DECEASED	2. DATE Known Month Doy	Year Hour
(Type or Print) MILTON BLOCKSTON	OF DEATH Estimoted	68 3:45 рм.
	3. DATE Manth Day	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD June 15, 19	968 3:45 p.m.
OR INSTITUTION .	5. USUAL RESIDENCE (Where deceosed lived. If institution: r	
University Hospital	A. STATE Maryland B. COUNTY V	Vicomico
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?
Male White WIDOWED □ DIVORCED ☑	Quantico YES	≥ NO□
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	
March 9. 1923 45 Months, Doys, Hours, Min.	Rt #1 Box 80	72-00
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Maryland U.W. AOUNTRY?	Owen Blockston	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	
done during most of working life, even if retired) Farm Laboror None	Ethel Walls	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADD	RESS Maryland
(Yeyno or unknown) (If WWYTY or dotes of service) 217-14-8751	Bonnie Lee Blockston Del	lmar, -Delaw
19. CAUSE OF DEAT	H	APPROXIMATE INTERVAL
DISTASE OF SOMETION DIFFERIN		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	wes English and	
(This does not mean the mode of dying, e.g., DIFTO OP A	AUSE Fractured neck S A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)		
ANTECEDENT CAUSES (8) DISFASES OR CONDITIONS IF ANY GIVING DUE TO, OR A	AS A CONSEQUENCE OF:	iris iris is 30 - 3 - 3
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR A RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
Z UNDERLYING CONDITION LAST. (C)	\$2000000000000000000000000000000000000	
E 8 1 9 . 4 II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA	S PERFORMED	21. AUTOPSY? (Yes ar Na)
B C S S S S S S S S S S S S S S S S S S	3 TERI ORMED	in Adiology (res all tray
₹ 22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g., i	in or shout 22C WHERE DID (If in Soltimore City give exect	No
UNDERLYING OR CONTRIB-	in or about 22C. WHERE DID (If in Saltimare City, give exact bldg., etc.) INJURY OCCUR?	
-	Royal Oak Rd. 23 mi. N.	of St. Rt. 349
OF INJURY WHILE AT NOT	WHILE	
(APPROX.) 6 1 68 7:30 p m. WORK		auto-fixed objec
	apsy and that an this basis, death in my ap	Coll.
		pittion
resulted from: Notural causes Accident Suicide		
ACTUAL SALVENA INTO	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D.		
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	16 1060
NAME (Type) Edward F. Wilson, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY		16, 1968 or county) (State)
REMOVAL (Specify)		
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Ridgely, Maryl	DRESS
	1/1 8 0	
JUN 1 9 1968 R. Co. B. E. Jacker M. a.	Declars Greens	sboro, Md.
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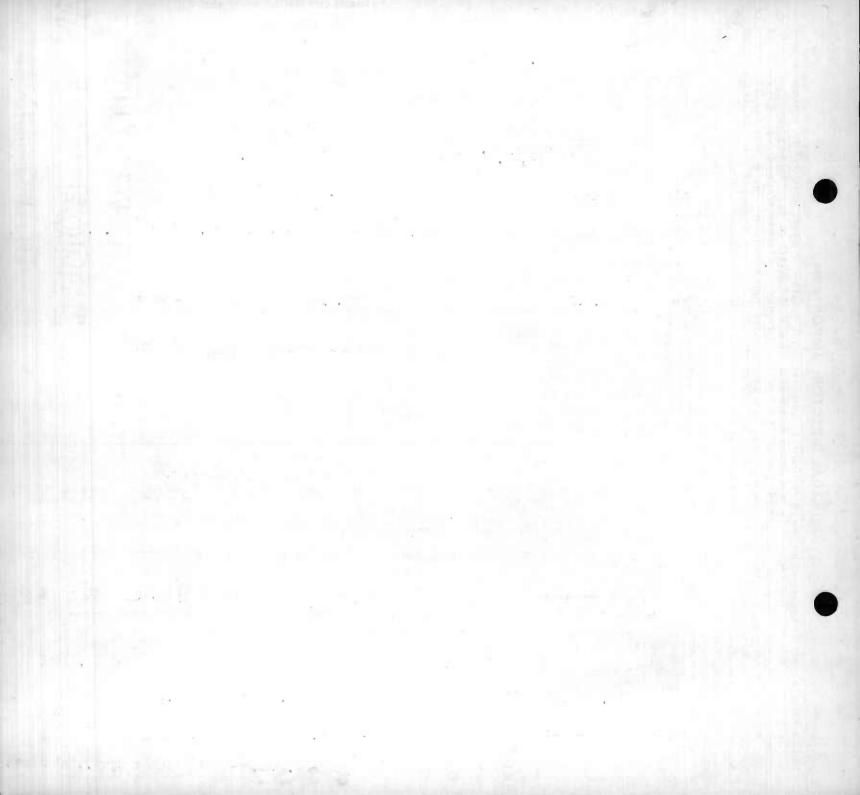
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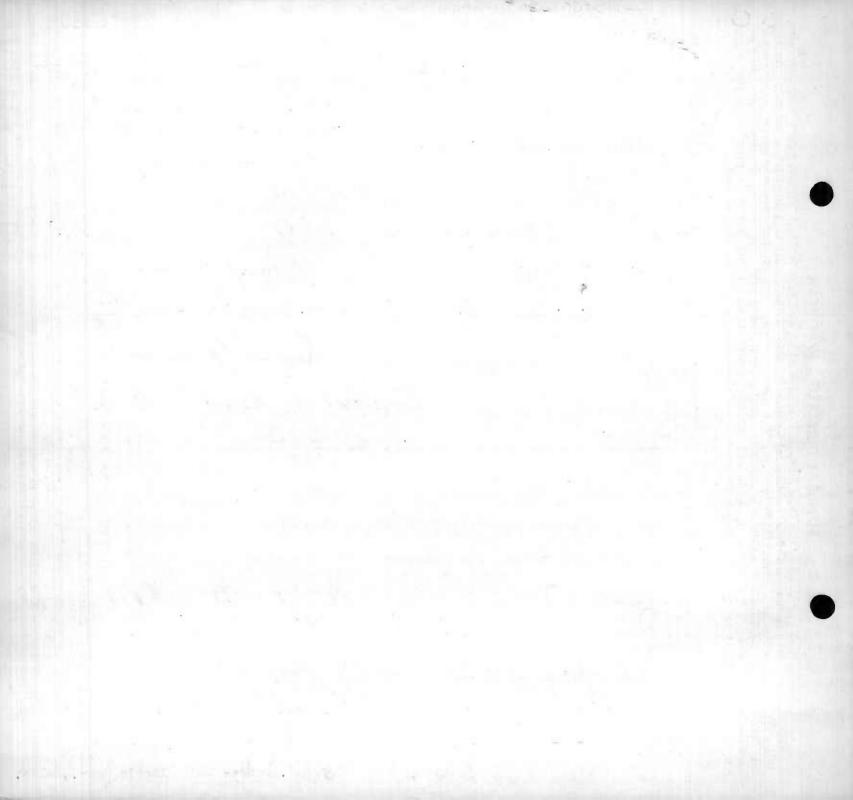
FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT 68-6329 4. USUAL RESIDENCE (Where deceased fived, if institution: residence before admission) D. INSIDE CITY LIMITS? NO If Under 1 Yr. Months: Days If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S. ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimare City, give exoct lgcatlan) and that in(my) (our) opinion deoth occurred on the dote 23B. DATE SIGNED June 17. 1968

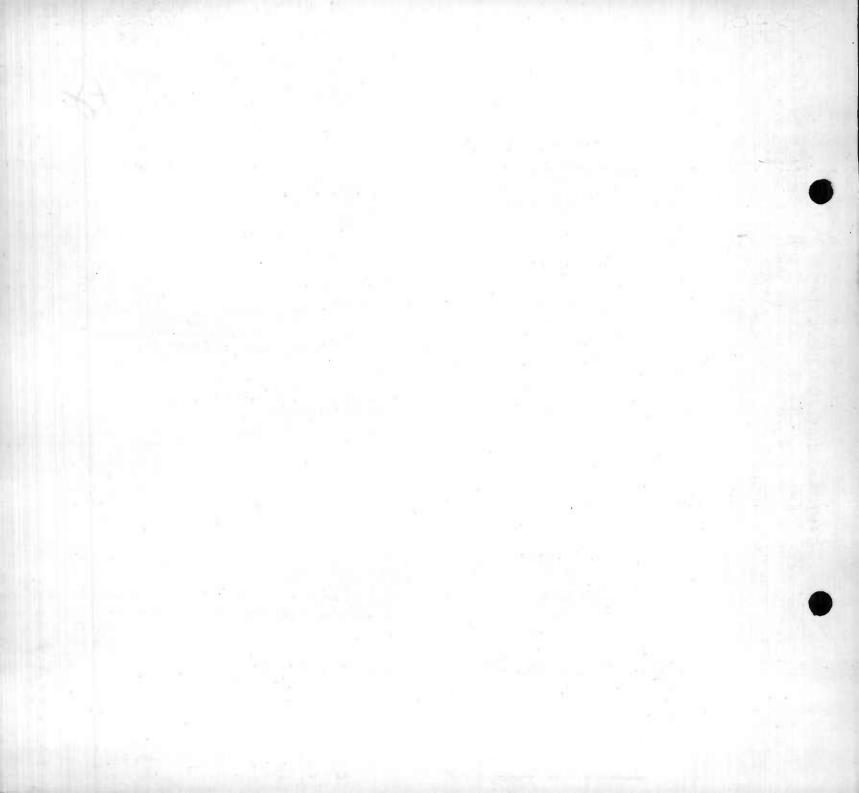


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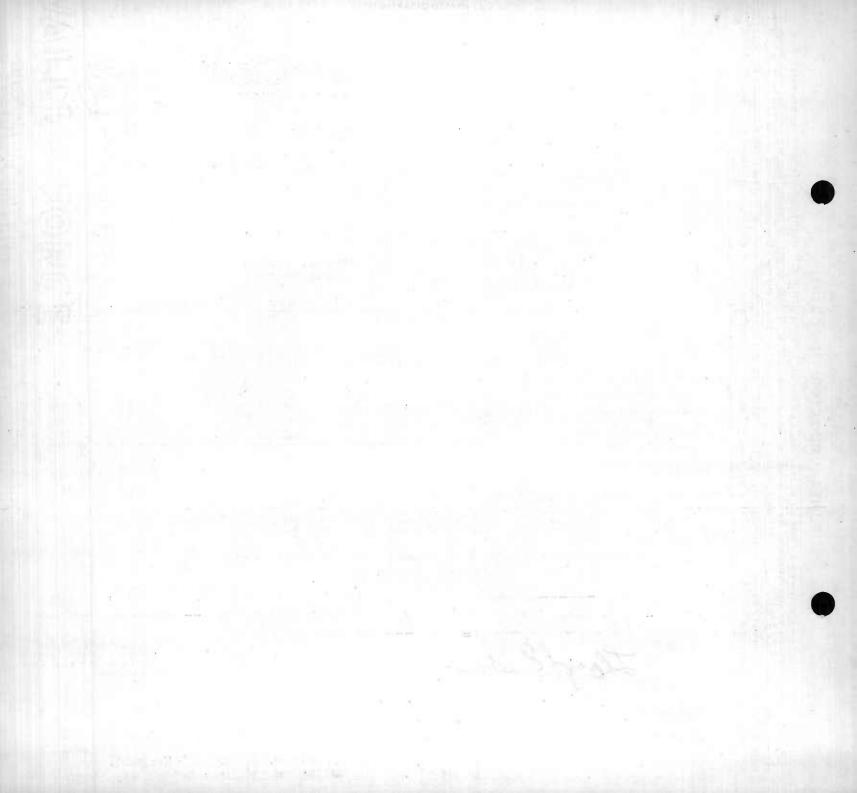
FUNERAL DIRECTOR:



VS 150-REV. 1/1/6B



				10			
ı RT	H NO.	00	638	CERTIFICA	TE OF DEATH	REG. NO.	68- 6332
, N	AME OF DEC					ND HOUR OF DEAT	тн
				. Kelly	June	17, 1968	5:00 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)					6 24		f institution: residence before o
					Maryland 212		NSIDE CITY LIMITS?
Ardleigh Nu:			ursing	Home	Baltimore	0.11	YES NO
	10		095 Rockerse Avenue				
		Baltimore,			529 Tunbridge		
. SI		6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours
	Pemale	White	WIDOWED	DIVORCED F BUSINESS OR INDUSTRY	Jan. 11, 1899	69	12. CITIZEN OF WHAT
	during most of	vocking life, even if cetired)					TEL GITTERY OF WITH
2 6	Never V				Baltimore, Md		USA
J. [WILLEW 2 IAWA	James A.	Kelly.				
5. V	Vos Decensod	Ever in U. S. Armed For		16. SOCIAL	Anna T. Ganno	M	ADDRESS
	no or unknown	(If yes, give was or date		SECURITY NO.			
1	No			CAUSE OF DEAT		90 Benning	haus Rd. Balto.
CAL CERTIFICATION	DISEASES OF THE RESIDENT OF THE DEAT OF A. ACCIDER OR CONTRIBUTE OF THE DEAT OF THE DEAT OF THE DEATH (notify)	WAS PERI IT WAS UNDERLYING CAUSE OF medicol exominer	deoth.) any, giving stating the Stating t	(B)————————————————————————————————————	Epilepsy S A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or N NO in 01 obout 21C. WHERE DID infice bldg,, INJURY OCCUR?	O) 20B, IF YES, WE IN CERTIFYING	re findings considered Causes of Death?
MEDICAL CERTIFICATION	DISEASES Crise to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR C. 19 A. DATE OF CONTRIBUTION OR CONTRIBUTION OF CONTRIBU	ANTECEDENT CAUSES OR CONDITIONS, if obove cause (A) ocondition lost. II ICANT CONDITIONS COINT NOT RELATED TO TO NOTITION GIVEN IN PACE OPERATION 198. CON WAS PERION TWAS UNDERLYING CAUSE OF	deoth.) any, giving staling the Staling t	(C)	Epilepsy S A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or N NO in all about 21C. WHERE DID in Street bidg., INJURY OCCUR? 21F. HOW DID IN.	O) 20B, IF YES, WE IN CERTIFYING	54 yr
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MEDICAL CERTIFICATION	DISEASES OF TISE TO THE SIGNIFT TO THE DEAT TO THE DEAT TO THE DEAT TO THE DEAT TO THE OR CONTRIBUTED TO THE O	ANTECEDENT CAUSES OR CONDITIONS, if obove cause (A) CONDITION lost. II CANT CONDITIONS CONDITIONS CONDITION GIVEN IN PAR OPERATION [198. CON WAS PERIOD CAUSE OF medical examines) (Month) (Doy) (Year) that (I) (this hospital last saw the decease of fram the causes state of the causes	deoth.) any, giving staling the NIRIBUTING HE TERMINAL TO A LANDON FOR HE TERMINAL TO A LANDON FOR MED (Hour) 21E WW. W.C. W.C. W.C. W.C. W.C. W.C. W.C.	(B) DUE TO, OR AS (C) WHICH OPERATION B. PLACE OF INJURY (e.g., ine, form, foctory, street, or included in the deceased from June 17, (I) (We) (did) (did net) while All Work in the deceased from June 17, (I) (We) (did) (did net) while All Work in the deceased from June 17, (I) (We) (did) (did net) while All Work in the deceased from June 17, (I) (We) (did) (did net) while while All Work in the deceased from June 17, (I) (We) (did) (did net) while whil	Epilepsy S A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or N NO in at about 21C. WHERE DID insurance bldg., 21F. HOW DID IN. 19	JURY OCCUR? 19 46 ta J Shaff Phys.	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exact location) une 17, 19 apinian death accurred an 23B. DATE SIGNED June 18, 1
MEDICAL CERTIFICATION	DISEASES OF TISE TO THE SIGNIFT TO THE DEAT TO THE DEAT TO THE DEAT TO THE DEAT TO THE OF CONTRIBUTION TO THE OF	ANTECEDENT CAUSES OR CONDITIONS, if obove cause (A) CONDITION lost. IL CANT CONDITION S CONDITION GIVEN IN PAR OPERATION 179B. CON WAS PERIOD (Month) (Doy) (Year) That (I) (this hospital last saw the decease of fram the causes state of the causes of the causes of the causes of the cause of the causes of t	deoth.) any, giving stating the stating the stating the NIRIBUTING HE TERMINAL 1 1 (A). DITION FOR FORMED 1 (A). DITION FOR FORMED 21E with warming the state of the sta	WHICH OPERATION B. PLACE OF INJURY (e.g., one, form, foctory, street, one) INJURY OCCURRED hile At Work the deceased from June 17, Wee) (did) (did nee) of the deceased from June 17, Mee of CEMETERY of CR	Epilepsy S A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or N NO in all about 21C. WHERE DID iffice bidg., INJURY OCCUR? 21F. HOW DID IN. le 21F. HOW DID IN. le	JURY OCCUR? 19 46 ta J hat in (my) (owr) o	more City, give exact location) une 17, 19 apinian death accurred an 23B, DATE SIGNED June 18, 1
MEDICAL CERTIFICATION	DISEASES OF THE BOOK OF INJURY (APPROX.) 210. I certify that (1) (we) and haur and 23A. SIGNATU BURIAL CRE REMOVAL (BURIAL C	ANTECEDENT CAUSES OR CONDITIONS, if obove cause (A) CONDITION lost. II CANT CONDITIONS CONDITIONS CONDITION GIVEN IN PAR OPERATION [198. CON WAS PERIOD CAUSE OF medical examines) (Month) (Doy) (Year) that (I) (this hospital last saw the decease of fram the causes state of the causes	deoth.) any, giving staling the NIRIBUTING HE TERMINAL 1 TAN LOTTON FOR TORMED 1 (Hour) 21E With War 21E	WHICH OPERATION B. PLACE OF INJURY (e.g., one, form, foctory, street, on the deceased from the deceased from June 17, I) (We) (did) (did-net) when the deceased from June 17, II) (We) (did) (did-net) when the deceased from June 17,	Epilepsy S A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or N NO in all about 21C. WHERE DID iffice bidg., INJURY OCCUR? 21F. HOW DID IN. le 21F. HOW DID IN. le	JURY OCCUR? 19 46 ta J hat in (my) (our) to Shaff Phys. Dunt Aven LOCATION Ltimore, Ma	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exoct locotion) une 17, 19 aplinian death accurred an 23B. DATE SIGNED June 18, 1



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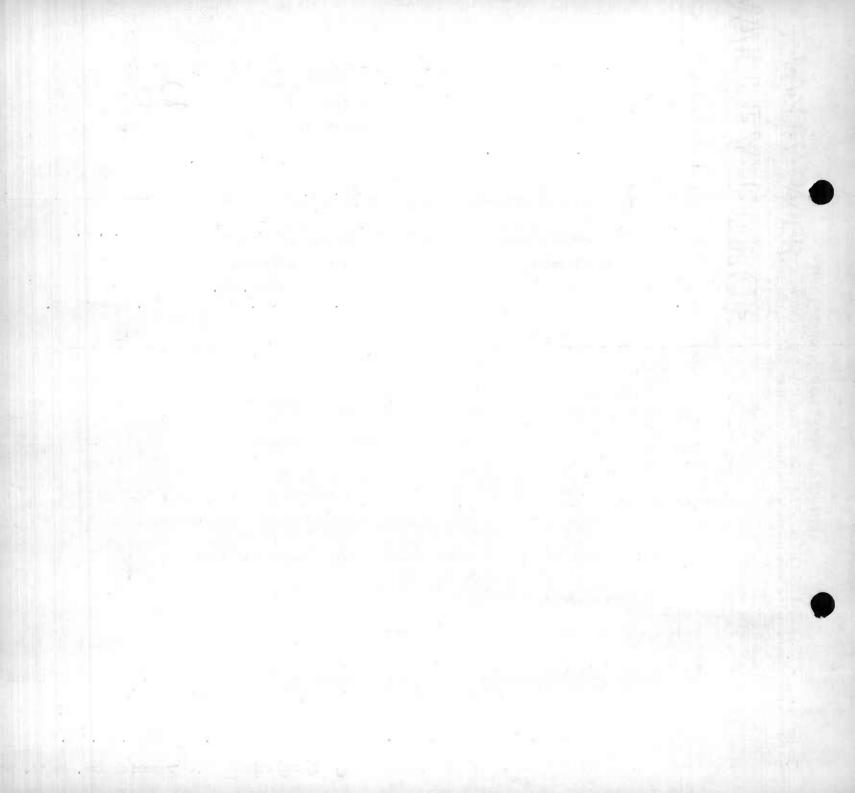
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BALTIMORE CITY HEALTH DEPARTMENT

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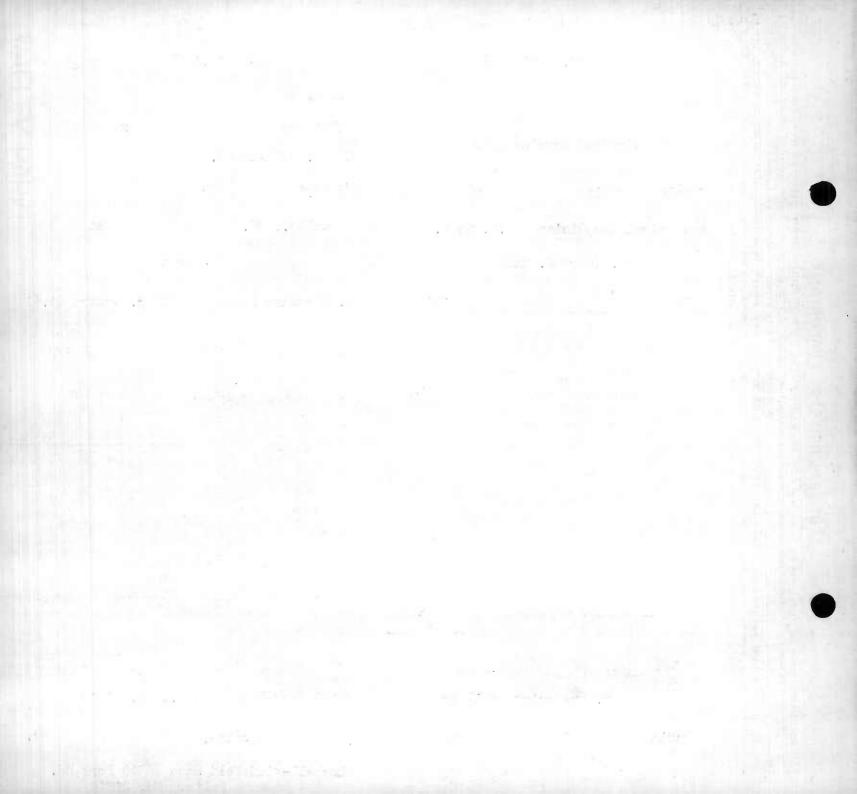
3. PI	LACE IN BAL	TIMORE MARYLAND, W	HERE PRONOL	JC ho FIL			f institution: residence before odmi
FUL HOS	L NAME OF SPITAL OR TITUTION		AL OR INSTITU	JTION, GIVE STREET	Maryland C. CITY OR TOWN Baltimore		NSIDE CITY LIMITS? YES X NO
0	0	2557 W. Lomb	ard St.		E. STREET AND NUMBER	mbard St.	
Fe	x emale	6. RACE White	7. MARRIED [WIDOWED [NEVER MARRIED DIVORCED	B. DATE OF BIRTH Dec. 9, 1883	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Manths Days Hours N
		warking life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	rmany	12. CITIZEN OF WHAT COL
3. F	ATHER'S NA				14. MOTHER'S MAIDEN N		0.D. A.
		Karl Stoeckle	е		Marie Ledder	er	
Yes,	Vos Deceased na ar unknawn	Ever in U. S. Armed Far (If yes, give wor or dote	ces? s of service)	SECURITY NO.	The second secon	o. Md.	ADDRESS 57 W. Lombard St.
_	1B. // / 5	2.1.1		CAUSE OF DEAT		o DULLING Z)	APPROXIMATE INTER
	heart foilure, injury or com	not meen the mode of osthenio, etc. It means inplication which caused ANTECEDENT CAUSES OR CONDITIONS, if	the disease, death.)	(B)	USE A KLUD CLETOF! A CONSEQUENCE OF: 5 A CONSEQUENCE OF:		
ATION	DISEASES Crise to the UNDERLYING	osthenio, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION last.	The disease, death.) ony, giving sloting the STRIBUTING HE TERMINAL TO 1 (A).	(B)(C)			
ATION	DISEASES Crise to the UNDERLYING	osthenio, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION last.	the disease, death.) ony, giving sloting the NTRIBUTING HE TERMINAL TO (A). DITION FOR V	(B)(C)			RE FINDINGS CONSIDERED CAUSES OF DEATH?
AL CERTIFICATION	DISEASES Crise to the UNDERLYING THE DEAT TO THE DEAT DISEASE OR C 1974. ACCIDED OR CONTRIBL	osthenio, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION last. FICANT CONDITIONS COITH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR OPERATION 198. CON	The disease, death.) ony, giving sloting the MTRIBUTING HE TERMINAL TOTAL TOT	(B)	5 A CONSEQUENCE OF:	No) 208. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICATION	DISEASES Crise to the UNDERLYING THE DEAT TO THE DEAT DISEASE OR C 1974. ACCIDED OR CONTRIBL	osthenio, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION last. FICANT CONDITIONS COITH BUT NOT RELATED TO TITO CONDITION TO PARE OPERATION 198. CON WAS PERFORM TO WAS UNDERLYING CAUSE OF	Ihe disease, death.) ony, giving sloting the NTRIBUTING HE TERMINAL TO A (A). DITION FOR V FORMED (Hour) 21E.	(B)	20A. AUTOPSY? (Yes or lin at obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	No) 208, IF YES, WER IN CERTIFYING C	
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MEDICAL CERTIFICATION	DISEASES Crise to IhunderLyin Conternation of Content o	osthenio, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION last.	Ihe disease, death.) ony, giving stoting the Stoting the TERMINAL TO A STOTE	(B)— DUE TO, OR A: (C)— WHICH OPERATION PLACE OF INJURY (e.g., e, form, foctory, street, of the complete of	20A, AUTOPSY? (Yes or lin at obout 21C. WHERE DID office bldg., INJURY OCCUR?	No) 208, IF YES, WER IN CERTIFYING COUR? Ulf in Baltim	nore City, give exact location)
MEDICAL CERTIFICATION	DISEASES Crise to the UN DERLYIN COTHER SIGNIFIC TO THE DEAT OF COTHER SIGNIFIC TO THE DEAT OF CONTRIBUTION CAPPROX.) 21 A. ACCIDET OF CONTRIBUTION CAPPROX.) 22 D. TIME OF INJURY (APPROX.) 22 L certify that (I) (we) and haur and	osthenio, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION last.	Ihe disease, death.) ony, giving stoting the Stoting the TERMINAL TO A STOTE	(B)— DUE TO, OR A: (C)— WHICH OPERATION PLACE OF INJURY (e.g., e, form, foctory, street, of the complete of	20A. AUTOPSY? (Yes or lin at about 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID IT	No) 208, IF YES, WER IN CERTIFYING COUR? (If in Baltim	June /5 1966
WEDICAL CERTIFICATION	DISEASES Crise to the UN DERLYIN COTHER SIGNIFIC TO THE DEAT DISEASE OR COTATE OF CONTRIBUTION CAPPROX.) 21 A. ACCIDED OR CONTRIBUTION CAPPROX.) 22 D. TIME OF INJURY (APPROX.) 22 C. Certify that (I) (we) and hour and 33 A. SIGNATU	osthenio, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION last.	Ihe disease, death.) ony, giving sloting the NTRIBUTING HE TERMINAL TO A LONG TO A	(B)— DUE TO, OR A: (C)— WHICH OPERATION PLACE OF INJURY (e.g., e, form, foctory, street, of the company of th	20A, AUTOPSY? (Yes or in at about 21C, WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID It is a second of the bady of the death of the bady of the death of the bady of the death of the bady of th	No) 208. IF YES, WER IN CERTIFYING COUR? (If in Baltim NJURY OCCUR? 19 1 ta that in (my) (our) and the country of the	June 5 1960 apinion death accurred on the 238, DATE SIGNED 6 17 168

VS 150-REV. 1/1/6B



FUNERAL DIRECTOR: IMPORTANT

68-68	304	HEALTH DEPARTME		68- 6334		
BIRTH NO.	CERTIFICA	TE OF DEAT	TH KEYNO -	UC CROCK		
1. NAME OF DECEASED		2. DA	TE AND HOUR OF DEATH			
Type or Print) Mrs. Marie C	hle Mead		June 13,1968	7:30 P. 1		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	A. STATE B.	COUNTY	nstitution: residence before admission		
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland c. CITY OR TOWN	15000	UDE CITY LIMITES		
NSTITUTION	Baltimore	D. INS	YES X NO			
A Edgewood Nursing H	Iome	E. STREET AND NUM	BER	123 140 1		
g bagewood war sing in	Oille	205 N. Rolling Rd.				
	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hi Months Doys Hours Min.		
female white widow		3/5/1891	77			
OA, USUAL OCCUPATION (Give kind of work 10B, KIN I lone during most of working life, even if retired)				12, CITIZEN OF WHAT COUNT		
Analytical technician U.	S. Govt.	Balto.	, Md.	USA		
3. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME			
Dr. Henry C. Ohle			Cameror			
S. Was Deceased Ever in U. S. Armed Farces? fes, no ar unknown) (If yes, give war or dates of servi	1 6. SOCIAL	17. INFORMANT		ADDRESS		
no no or unknown) (if yes, give wor or doles of servi	security no.	Mr. Theodox	re Dankmeyer 92	9 N. Howard St.#1		
18.	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL		
DISEASES OR CONDITIONS, if ony, girise to the above cause (A) stating UNDERLYING CONDITION last.	ving DUE TO, OR AS		e colons			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).		••••••	70040-4400-000-000-000-000-000-000-000			
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes	or No.) 20B. IF YES, WERE IN CERTIFYING CA			
21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE	DID (If in Boltimo	re City, give exact location)		
21D.TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?			
(APPROX.)	While At Not While	e 🗍				
	Work LJ At Work		///6	0		
22. I certify that (!) (this haspital) attend		May 1	4 1968 ta	June 13 1968		
that (!) (we) last saw the deceased alive	an fund	10 1968	and that In(my) (aur) ap	inlan death accurred on the d		
and have and from the causes stated abov	e. (1) (We) (did) (did-not) 1	iew the bady after d	eath.			
23A. SIGNATURE		/		23B. DATE SIGNED		
1 rederick 1. Valle	nel DEGREE Phy	mding Med. Director	Shaff Phys.	June 14, 1968		
23C.PHYSICIANS NAME (Type) Dr/ Frederick		23D. ADDRESS	Road Balto.,	Md 21212		
	C. NAME of CEMETERY OF CR			ity, town, or county) (State)		
REMOVAL (Specify)						
burial 6/17/68	Loudon Park (Balto.	Md.		
25A. DATE REC'D BY HEALTH DEPL. 2SB. NA	ME OF REGISTRAR	2SC. FUNERAL DIF				
464	Charles of Proposition	Mutchell-V	Viedefeld Home	6500 York Rd.		
V\$ 150-REV. 1/1/68			Balto	Md. 21212		



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68- 6335 BALTIMORE CITY HEALTH DEPARTMENT

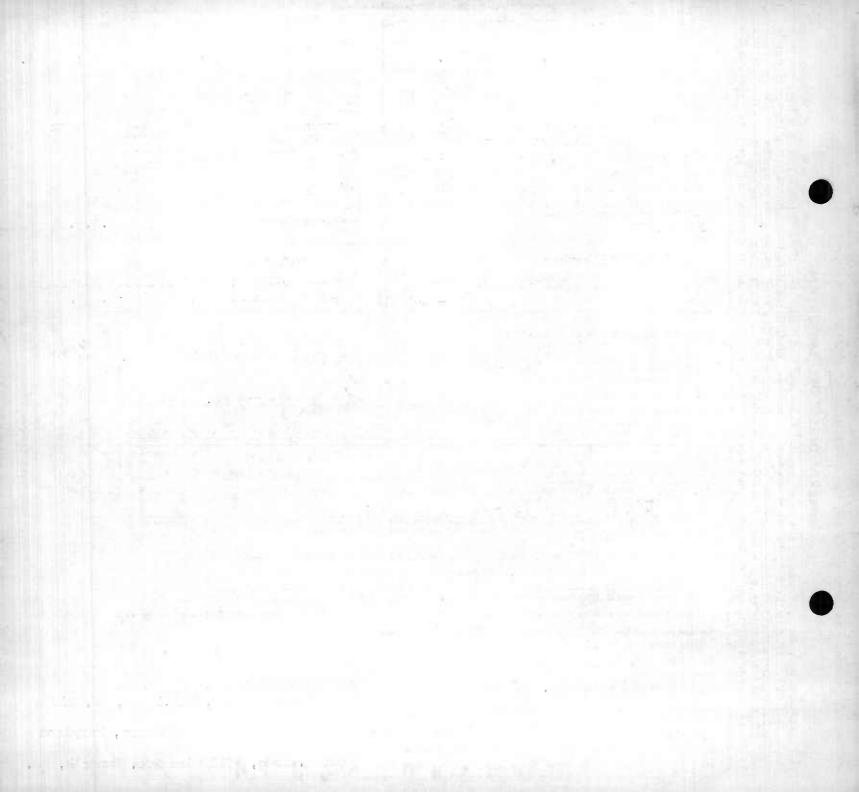
BII	RTH NO.	ME	DICAL	EXAMINER'S	CERTIFI	CATE O	F DEAT	H REG. NO.	00	- 6535
1.	NAME OF DEC	Char			2. DATE OF	Known 🙀	Month	Dov.	Yeor 68	Hour
4.	PLACE IN BAL	JOHN VO		ONOUNCED DEAD	DEATH 3. DATE		Month	Day	Year	6:00 а м
FUI	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION					ESIDENCE (Wh	June	15	1968	
1	91				A. STATE	251521102 (or o decedared in	B. COUNTY	T C STO C TO E	serere admission)
Ļ	TEV.	Montebel:	lo Hosp	oital		yland		To thister our		
0.	SEX	7. RACE	B. MARRI	ED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?	
	Male	White	WIDOW		Balt	O.		YE	s 🗌	NO 🖺
٧.		lost birthe	(In years	If Under 1 Yr, If Under 24 Hrs. Manths Days Hours Min.	E. SIKEEL	AIND INUMBER				
	2/15/194					15 M	urdock	Rd.		53-00
11.	BIRTHPLACE (S	state or foreign country)	2. CITIZEN OF WHAT COUNTRY?	13. FATHER	'S NAME				
	Baltimor	ce. Md.		WHAT COUNTRY?	John	n L. Vosh	nell			
1144	USUAL OCCU	PATION (Give kind of wa	rk 148. KIND	OF BUSINESS OR INDUSTRY	Y 15. MOTHE	R'S MAIDEN N	AME			
dan	e during mast of v	vorking life, even if retired Clerk	opt	ical	Ann	C. Maser	nduke			
16.	WAS DECEAS	ED EVER IN U.S. ARM	ED FORCES	17. SOCIAL	18. INFOR	-		AD	DRESS	
(Ye	s, na ar unknown	(If yes, give war or date	es at service)	SECURITY NO. 219 42 9793	John	L Voshel	7 7 5 M	andook Re	3	
-	19.	100		CAUSE OF DEA		n Anguer	LL L) 120	Irdock Itt	. AP	PPROXIMATE INTERVAL
Г	DISEAS	E OR CONDITION DI	DECTIV			is sompl	icatino	aranica		VEEN ONSET AND DEAT
		E OR CONDITION DIF LEADING TO DEATH	CECILY		-	ia compl	_		erenr	aı
	heart failure	at mean the made of , osthenia, etc. It means application which coused o	he disease,	(A)IMMEDIATE O	AS A CONSEC	UENCE OF:	1	njuries		
	,		,							
		NTECEDENT CAUSES		(8)	15 1 55 115					
	DISEASES O	OR CONDITIONS, IF A	NY, GIVING	DUE TO, OR	AS A CONSE	QUENCE OF:				
7		NG CONDITION LAST		(c)						
ΙŌ	- 01	2 × 11		(-)						
ERTIFICATION	TO THE DEA	IFICANT CONDITIONS ATH BUT NOT RELATED T	TO THE TERMI							
E		CONDITION GIVEN IN		OR WHICH OPERATION W	AS DEDECIDA	IED.			21 AUTO	PSY? (Yes or No)
CE	DATE OF	OF ERAHOTA 200. CI	DIADIIIOIA	OK WHICH OFERALION W	AS PERFORM	TED			21. AUIO	F317 (165 01 140)
بِ										Yes
િ		NAL CAUSE WAS 本 OR CONTRIB-		28. PLACE OF INJURY (e.g., name, form, foctory, street, offic	in or obaut 2 e bldg., etc.): I	22C. WHERE DIE NJURY OCCUR	O (If in Boltimo	re City, give exac	1 lacation)	53-0
		USE OF DEATH.		Street	1	Rt. 40	600 Ft.	E. of J		Rd.
Σ	OF INJURY	(Manth) (Day) (Ye	ear) (Haur	22E.INJURY OCCURRED	(6)	2F. HOW DID	NJURY OCC	UR?		
	(APPROX.)	4 23 65	5 11.3		WHILE VORK	Daccon	cor			
	23.	4 25 0.	/	NO DOME CO.	TONK A	Passen	RET			
	I cert	ify that I held an	Inquiry [Inspection Au	tapsy XX	and that an	this basis,	death in my	pinion	
	resul	ted from: Natural co	auses 🗌	Accident XX Suicio	de H	omicide 🔲	Undetermi	ned manner	7	
				1 . 1		CHIEF MEDICA				
	ACTUAL	11.	1111							DATE SIGNED
	SIGNATI	URE Word	146	and M.D). A551	STANT MEDICA	LEXAMINER	44		
	EXAMIN				ASSC	CIATE MEDICA	LEXAMINER			
-	NAME (1	ype) Ronald N	. Korn	blum, M.D.	CD-114 5	Smy In.	- 1004701		15, 1	
	A. BURIAL CREA MOVAL (Speci			24C. NAME of CEMETERY	or CREMATO	JKY 24	D. LOCATION	(City, town,	, or county) (Stote)
	Buria	4 1	3. 1968	Holy Redeeme	r Cemet	erv	Baltim	ore		Md.
25		BY HEALTH DEPT.		AME OF REGISTRAR		FUNERAL DIREC			DDRESS	2000
		HUN 1 0 106	SS 01	on or E Farbers	A MAL	chall tra	adafal d	Uama 65	00 V-	mle Del
-	161 BEN 2/2/2	JUN 1 9 196	in Cont	1 6 D	MILT	chell Wi	edetero	nome o	10	rk nu,
V 5	151-REV. 1/1/68	The stands	Y:	And the same of		C C	V.			

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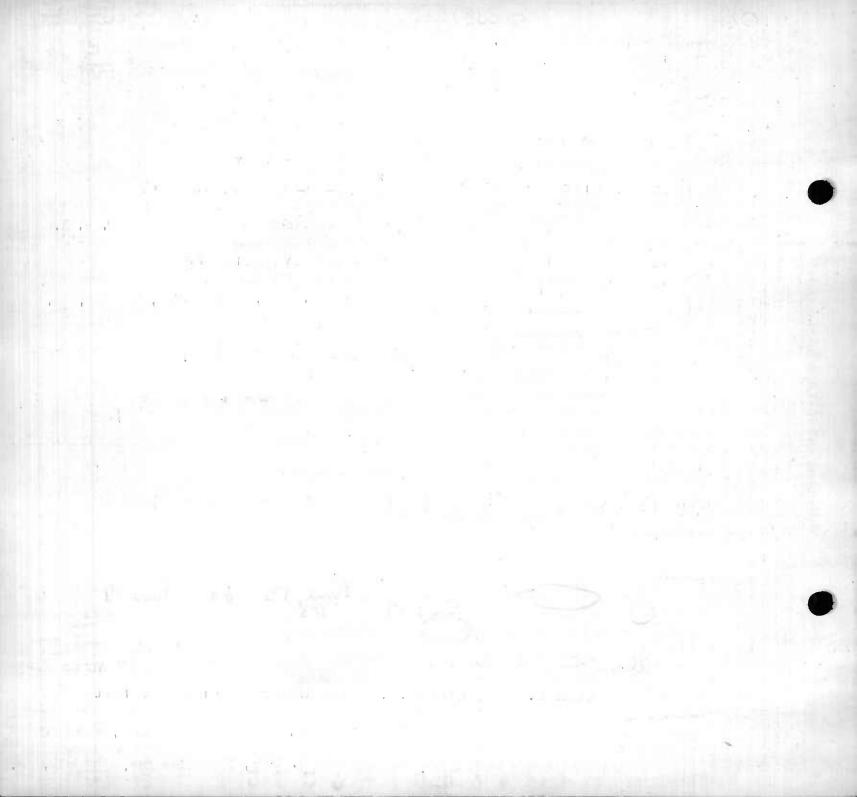
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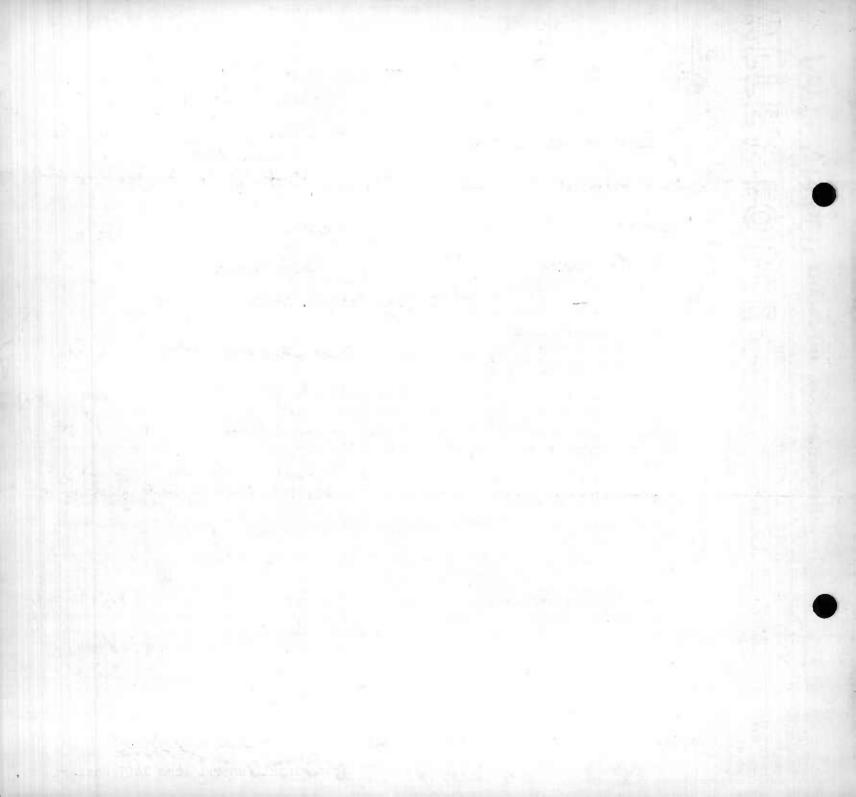


M	. 100	68- 6337 CERTIFICATE OF DEATH REG. NO. 68- 6337
100	5-6-5-6	BIRTH NO. 106-09670 E CERTIFICATE OF DEATH
	and leath ase ase Sucl	(Type or Print) CHADIES MADD
of d of d Dece e on		3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission)
	hospital ise of a (5) Dece ance or death.	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND BALT IMORE 6
cau cau	BALTIMORE YES NO P	
	D.E 0 D.E	THE JOHNS HOPKINS HOSPITAL E. STREET AND NUMBER 1911 GUYWAY
curre rribut nined gular ed p		5. SEX 6. RACE 7. MARRIED NEVER MARRIED NEVE
	ocont ont ont regreer	ITALE WHILE WIDOWED DIVORCED 05-10-60 2 YRS 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	or condetender in december of the december of	None Maryland U. S. A.
—	rect (4) U way	13. FATHER'S NAME PAGE MAPP 14. MOTHER'S MAIDEN NAME CAROLYN NEIGHOFF
ANI	stant ind; eath e on	15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or doles all service) SECURITY NO. 17. INFORMANT(Father) ADDRESS
RT	発表するら音	No None Page H. Mapp, 1911 Guyway, Dundalk, Md.
IMPORTA	Also, if e of any nounced attenda	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (A) IMMEDIATE CAUSE PAEUMONIA CHRS
CTOR:	ner. A acture pron	(this does not meen the mode at dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
A H	exami exami (3) A fr in who in regi	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) sloting the UNDERLYING CONDITION lost. (B) SEIZURE DISORDER 197005. DUE TO, OR AS A CONSEQUENCE OF: (C) (C)
MAL DI	medical nedical burns; shysicic an was remair	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
UNERA	chief y a n Body the F tysicie	198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
F	tal b tal b y; (2) here No pl	21A. ACCIDENT WAS UNDERLYING A 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If In Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID INJURY OCCUR?
	hospi hospi ature ppt w (6) h ined	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work
	the any n and cobta	22. I certify that (I) (this hospital) attended the deceased from
	= 0 0	that (1) (we) ost sow the deceased alive on 19 (0 8 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did nat) view the body after death.
	ust be a cased to dent of lospital death) must be	23A. SIGNATURE
	ccide ccide ccide to do	Illen & Jules In Degree Phys. Attending Med. Shaff 17 JUNE 1968
		ALLEN E. FREELAND M.D. 23D. ADDRESS THE JOHNS HOPKINS HOSPTTAL
	E \$0000	24A. 8URIAL CREMATION, REMOVAL (Specify) Burial 24C, NAME of CEMETERY of CREMATORY Burial 24D. LOCATION (City. town, or county) (Stote) Baltimore, Maryland
	This certif the body shows: (1) was D.O., deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR JOHN J. Duda, 7922 Wise Ave. Dundalk, Md.
		VS 150-REV. 1/1/68



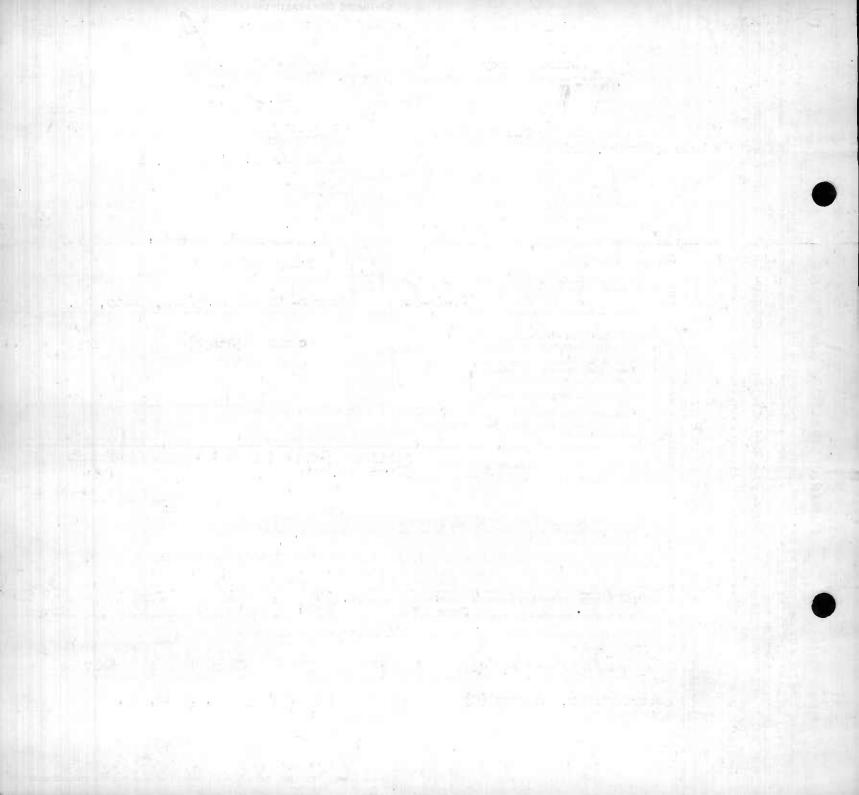
VS 150-REV. 1/1/68

0.0	BALTIMORE CIT	Y HEALTH DEPARTMENT	6338
68	- 6338 CERTIFICA	ATE OF DEATH REG, NO	00 0008
BIRTH NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	<u> </u>
(Type or Print)	THE TO'S DEPTH DOLLETT		
GATHERINE 3. PLACE IN BALTIMORE MARYLAND, W		June 16, 1968	institution; residence before admission
J. I LOCE III DOLLING MARIENES, W	THE TROTTO ONCES SEAS	A. STATE B. COUNTY	143 44
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	Maryland Baltimor	
INSTITUTION	(IIOI)		ISIDE CITY LIMITS?
> Baltimore City	Wasnital	Essex (21)	YES NO
3 Daitimile ofty	nospical	7 "D" Glenwood Road	
5. SEX 6. RACE		B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
Female White	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	July 29, 1892 Porthdoy	Manths Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of work	108, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired) Housewife	Home	Maryland	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Theodore Oehring		Selma Newcome	
15. Was Deceased Ever in U. S. Armed Fatt	cos? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give war ar date	s of service) SECURITY NO. 212 01 9384A	Betty S. Arnold Sar	ne
18. 4 / 4	CAUSE OF DEA	тн	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIR	RECTLY		
LEADING TO DEATH	(A)IMMEDIATE CA	USE Acet sulmondry Edera	- B LAV.
(This does not mean the made of heart failure, asthenio, etc. It means	dying, e.g., DUE TO, OR AS	S A CONSEQUENCE OF:	
injury or complication which coused			
ANTECEDENT CAUSES	(8)	mardial fidrose's	sexual yrs
DISEASES OR CONDITIONS, if	DUE TO OR A	S A CONSEQUENCE OF:	
rise to the above cause (A) UNDERLYING CONDITION tost.	stating the	tes is solution At dis.	. SO
	(C)		
OTHER SIGNIFICANT CONDITIONS COI	NTRIBUTING	0 00	
TO THE DEATH BUT NOT RELATED TO THE		ed Blematoid agentic	20 20
DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE OF OPERATION 19B. CON WAS PERF	FORMED	IN CERTIFYING C	AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.	in ar about 21C. WHERE DID (If In Boltim	ore City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (natily medical examine)	hame, larm, foctory, street,	office bldg., INJURY OCCUR?	
O 21D-TIME (Month) (Day) (Year)	(Haur) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY	While At Not Wh	iile 🗀	
(APPROX.)	Work LJ At War	k 📙	/
22. I certify that (I) (this haspital) attended the deceased fram	Degree 1952 10	6/17 19.65
that (1) (we) last sow the decease	d alive an	4 19 68 and that in (my) (our) a	pinian death accurred an the da
and haur and from the causes stat	ed abave. (I) (We) (did) (did nat)		
23A. SIGNATURE			23B. DATE SIGNED
(An)	d A	tending Med. Staff	6/17/10
23C. PHYSICIAN'S	DEGREE P	23D. ADDRESS	1,,,,
	0 TT. M.D.	D-0/ 000	
	DEGRE		
24A. BURIAL CREMATION, REMOVAL (Specify)	24C. NAME of CEMETERY or C	REMATORY / 24D. LOCATION	City, tawn, or county) (State)
Burial 6/19/68	Parkwood Cemer	tery Baltimere Mer	wland
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	nela ADDRESS
JUN 1 9 1968 .	Of Dr. B. E Bata Ber All	Truzdzinski Funerzi Wom	e 1407 Eastern Ave.
3014 7 3 1200	Make to E Nather His	guzdzinski Funerzi Hom	e 1407 Eastern Ave.



NAME OF DECEASED					
FULL NAME OF MODERS OF LOCATION OF STREET MODERS OF LOCATION OF O					
S. EXX	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) VUS Public Health Service Hospital				
Captain Seafarer Va. USA	s. s				
James Daisey Polly Hopkins	done				
SECURITY NO. 225-48-3508 Records— US PHS Hospital, Balto, Md.	3. [
18. CAUSE OF DEATH	5. V Yes				
Multiple myeloma (Ig D) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID Amme, lorm, foctory, street, office bldg., in JURY OCCUR? OF INJURY (APPROX.) 21D. TIME OF INJURY (APPROX.) 21D. TIME OF INJURY (APPROX.) 22L. I certify that (1) (this haspital) attended the deceased from Apr. 30 Type 19 68 Ond that in (my) Attending Months Days DAY DAY DAY Months Days DAY DAY DAY Months DAY DAY DAY Months DAY DAY Months DAY Months DAY DAY DAY Months DAY DAY Months DAY DAY Months DAY DAY Months DAY DAY DAY Months DAY Months DAY DAY Months DAY Months DAY DAY Months					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If In Boltimore City, give exact location) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED While At Not While At Work 22. I certify that (1) (this hospital) attended the deceased from Apr. 30 19 68 to June 17 19 68 that (y) (we) last sow the deceased alive on June 17 19 68 and that in (my) (our) opinion death occurred on the cond hour and from the causes stated above. (I) (We) (did) (did/not) fiew the body after death. 23A. SIGNATURE Attending Med. 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If In Boltimore City, give exact location) (In Boltimore City, give exact location) (In Jury OCCUR? (In J					
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Work 21F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR?	U				
that (N (we) last sow the deceased alive on June 17 1968 and that in (my) (our) opinion death occurred on the cond hour and from the causes stated above. (1) (We) (did) (did/n/s) (riew the body after death. 23A. SIGNATURE Attending Med. Physical Staff Med.	MEDIC				

BALTIMORE CITY HEALTH DEPARTMENT



68-6340 BALTIMORE CITY HEALTH DEPARTMENT

68-6	3	19	0	
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BII	RTH NO.		WED	ICAI	L E	KAMINER'S	LEKIIFI	CATEO	F DEAT	H REG. NO		
1.	NAME OF DEC	EASED					2. DATE	Known 🗓	Month	Doy	Yeor	Hour
(Ту	pe or Print)	UL	SSES :	W. LE	WIS		OF DEATH	Estimoted [June June	16, 1968		M
4.	PLACE IN BAL	TIMORE, MA	RYLAND, V	HERE P	RONC	DUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
HO	L NAME OF SPITAL INSTITUTION		T IN HOSPITA		STITUTIO	ON, GIVE STREET		UNCED DEAD		16, 1968		10:30 A.
	10	1214 Ec	dythe :	Stree	t		A. STATE	Maryland		B, COUNTY	residence l	before odmission)
6.	SEX	7. RACE		B. MARI	RIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	LIMITS?	91
1	Male	Neg	gro	WIDO				Baltimor	е	YES	X	NO 🗆
9.	DATE OF BIRTH	1	10. AGE (III	yeors y)		nder 1 Yr. If Under 24 Hrs. hs, Doys : Hours , Min.	E. STREET	AND NUMBER	the Cto			
11	7-24-16 BIRTHPLACE (S	tote or foreig			12 0	ITIZEN OF	13. FATHER	1214 Edy	the Str	eet		
	Caroline					VHAT SOUNTRY?		ir Lewis				
146				14B KINI		BUSINESS OR INDUSTRY			AAAF			
	e during most of w											
11	Laborer	ED EVED IN	ILC ADME		awm:			ie Samuel		4.01	DECC	
	WAS DECEASI s, no or unknown) NO					17. SOCIAL SECURITY NO. 228-18-2690	Virgin		as 1123	Abbott S	DRESS	
-	19.	2.66.				CAUSE OF DEA					AP	PROXIMATE INTERVAL
		DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovaxcular disease LEADING TO DEATH										
	(A) IMMEDIATE CAUSE (This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. it meons the disease, injury or complication which caused death.)											
CERTIFICATION	DISEASES OF RISE TO THE UNDERLYIN	NTECEDENT (DR CONDITION E ABOVE CAU NG CONDITION IFICANT CON ATH BUT NOT	ONS, IF ANY USE (A) STA ON LAST.	ONTRIBU	TING	(C)	AS A CONSE	QUENCE OF:				
는		CONDITION		, ,								David /V ht.
SE	204 DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED									21. AUTOPSY? (Yes or No) Yes		
EDICAL	222A: EXTERNAL CAUSE WAS * 22B.PLACE OF INJURY(e.g., in or obout 22C. WHERE DID (If in Boltimore City, give e UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.								re City, give exoct		CB	
Σ	OF INJURY (APPROX.) OF INJURY (APPROX.)											
			Carl COU	5	5	suicio	ASSI	ond that en omicide C CHIEF MEDICA STANT MEDICA	Undetermi L EXAMINER	deoth in my o	1	DATE SIGNED
L	EXAMINI NAME (T	er's Ch		S. S		ngate, M.D.		OCIATE MEDICA				, 1968
RE	A. BURIAL CREA MOVAL (Specif urial-tr	y)	4B. DATE 6-22-	68		c. NAME of CEMETERY t. Luke Cemet	ery			e Co., Vi	rgini	
25	A. DATE REC'D	BY HEALTH	DEPT.	25B. N	MAME	OF REGISTRAR	2.5 C	FINERAL DIREC	TOR P. O.	Box 374	100	
	JL	N 19	1968 (R.O.	B	2 Fallina		oyd Dab		Ashland,		inia
VS	151-REV. 1/1/6B			00		0 1	96	3 3				

IMPORTANT

FUNERAL DIRECTOR:

Light State and Alley at the state of I Ellew H. Coxun and was how had be now the 12 of 12/4/2

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presencema

83/4/3 × 00 25/3 m/s

J.S. Urbanet M.D.

CIA COLDIE GENERAL Polimeran Intarchin Longworth Tedantepolicy Throanbe phileb 12 11 - 12 - 14 6 - 114

(If in Boltimore City, give exact location) and that in (m) (aur) apinlon death occurred an the date 23B, DATE SIGNED (City, town, or county) written VS 150-REV. 1/1/6B

7:00 A. M.

If Under 24 Hrs.

NO

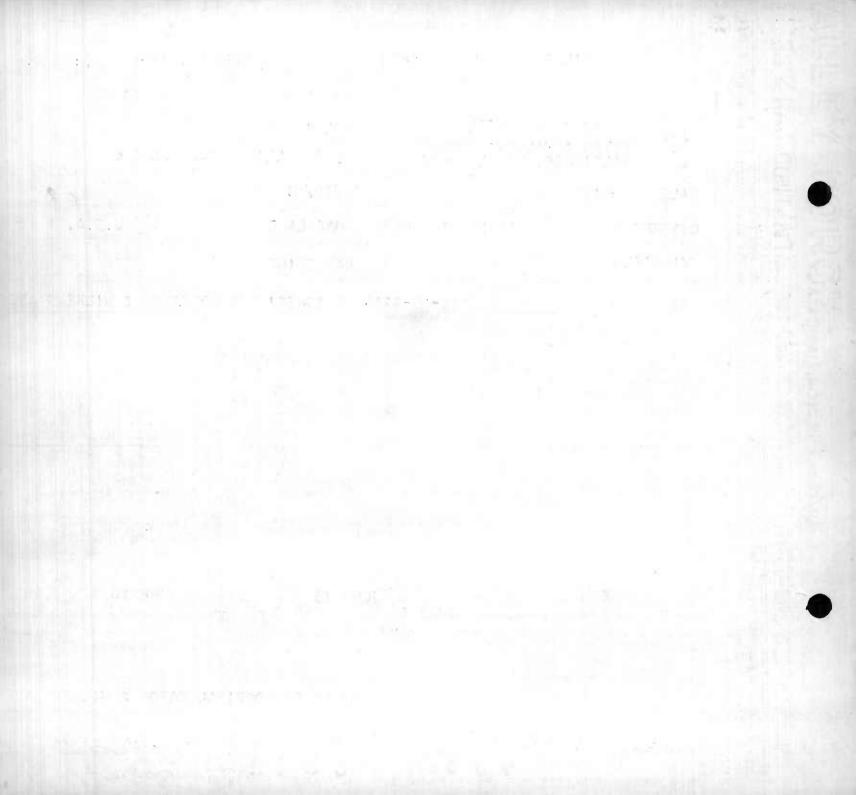
Hours

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

U.S.A.

ADDRESS



Lorente Mark Mr. of Marketon Stranger Marketon L

79 -45 -11

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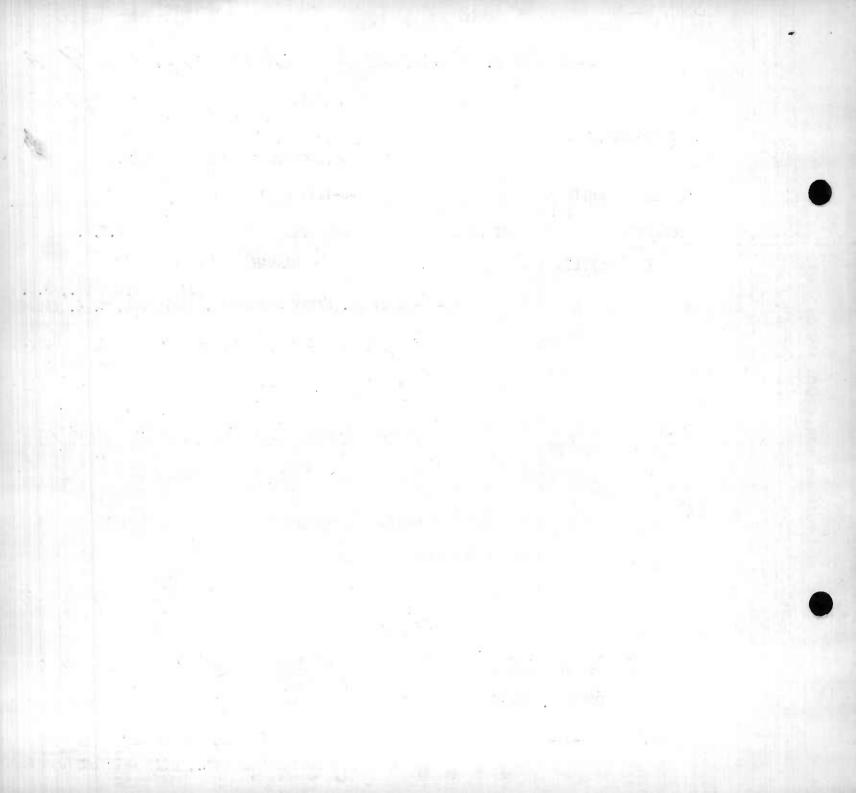
Codenie Goods 1.15

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BALTIMORE CITY HEALTH DEPARTMENT



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BALTIMOR	E CITY HEALTH DEPARTMENT					
G-355 05- 6348 CERTIE	ICATE OF DEATH REG. NO. 00-0040					
BIRTH NO.						
(Type or Print)	2. DATE AND HOUR OF DEATH					
LEILA A. GOODMAN	JUNE 16, 1968 14. USUAL RESIDENCE (Where decoased lived, II institution; residence before admission)					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREE	A. STATE B. COUNTY					
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREE ADDRESS OR LOCATION	C. CITY OR TOWN BALTIMORE D. INSIDE CITY LIMITS? YES NO					
ANDERSON NURSING HOME 3604 MOHAWK AVENUE	E. STREET AND NUMBER 7121 PARK HEIGHTS AVENUE, APT. 606					
	The second secon					
MAKKED TILEFER MAKKE	lost birthdoy) Months Doys Hours Min.					
FEMALE WHITE WIDOWED DIVORCE	- U-11-107L					
done during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY					
HOUSEWIFE AT HOME	BALTIMORE MARYLAND U.S.A.					
10070 000000	CARUTE CAULACC					
LOUIS SCHLOSS 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	SOPHIE SCHLOSS 17. INFORMANT ADDRESS					
(Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO.						
NO 282-09-526	9 MRS. RUTH KAHN, 7121 PARK HGHTS. AVE. APT. 600					
18. 44 / CAUSE OF						
DISEASE OR CONDITION DIRECTLY	C 1 4 41 0					
LEADING TO DEATH	ATE CAUS ENGITE TEON Talliere 3 days.					
(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease,	OR AS A CONSEQUENCE OF:					
injury or complication which coused death.)	· and An					
ANTECEDENT CAUSES	norderate Heart Schlore (0 yrs.					
DISEASES OR CONDITIONS, if ony, giving	OR AS A CONSEQUENCE OF:					
rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	ralé el Orteriorclirous 20 yrs.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	yeonier Diseau. Paralytic Pleus. 20 egs.					
DISEASE OF CONDITION GIVEN IN PART TAIL 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. FF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUR	Y (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location)					
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	reet, office bldg., INJURY OCCUR?					
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURR OF INJURY	ED 21F. HOW DID INJURY OCCUR?					
	of While					
WOIN AT WORK AT						
22. I certify that (1) (this hospital) attended the deceased from	R					
that (1) (we) lost sow the deceased alive on	ond that in (my) (our) opinion death occurred an the date					
ond hour and from the couses stated above. (1) (Wg) (did) (did						
23A. SIGNATURE 23B. DATE SIG						
23C. PHYSICIAN'S Attending M. Doegree Phys. Director Phys. Director Phys. 17, 1968						
						WILLIAM H. PRIMAKOFF
24A. BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY	DEGREE					
REMOVAL (Specify)						
CREMATION 6-18-68 LOUDON PARK	BALTIMORE, MARYLAND					
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS						
JUN 19 1968 107 De 6 28 talker	AND SOL TEVINSON & BROS., 6010 REISTERSTOWN ROA					
VS 150-REV. 1/1/68						

Parkingagin Vissa Person Person Herry A. William Princepof 16.5

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	BALTIMORE CIT	Y HEALTH DEPARTMENT		20- 0000
55 68-6	6350 CERTIFICA	TE OF DEATH	REG. NO	00-6350
Dikiti ito.	CERTITION			
T.NAME OF DECEASED (Type or Print)	A /		D HOUR OF DEATH	
IVATAAN	B. LONDON			15, 1968 M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	A. STATE B. COUN		institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	MARYLAN	$D \sim$	1-20
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
17 1	B	BALTIMORE		YES NO
SINAL HOSPITAL OF	DALIMONE	E. STREET AND NUMBER	, /	1
		7229 PARK	HEIGHT.	S AVE.
5. SEX 6. RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. It Under 24 Hrs.
	WED DIVORCED	CEPT II IGM	ost birthdoy)	Months Doys Hours Min.
IDA. USUAL OCCUPATION (Give kind of work 108. KIN		11. BIRTHPLACE (State of forei	gn country/	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)				
	leal Estate	Baltimore,	Maryland	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAN	AE -	
Samuel London		Rebecca	?	
S. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes,no arunknown) (It yes, give war ar dates of servi	SECURITY NO.			Apt. D.
110	CAUSE OF DEAT	Mrs. Dorothy Loi	ndon 7229	
18. 4	CAUSE OF DEAT	In		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		M	-	
(This does not mean the made of dying,	(A) IMMEDIATE CA		AL LNFA	RC - 4 PAYS
heart failure, asthenia, etc. It means the dise		A CONSEQUENCE OF: T/	ON	
injury ar camplication which coused death.)				
ANTECEDENT CAUSES	(B) AR	TERIOSCLERO	515	15 YEARS
	ving DUE 10, OR A	A CONSEQUENCE OF:	(
rise to the above cause (A) stating UNDERLYING CONDITION last.	(C)			
4.5	(0)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
TO THE DEATH BUT NOT RELATED TO THE TERMIN		•		
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE	FINDINGS CONSIDERED
NONE WAS PERFORMED		1/0	IN CERTIFYING CA	AUSES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Baltima	re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	office bldg., INJURY OCCUR?		
0	0.5 10.111.0			
OF INJURY (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR!	
(APPROX.)	While At At Work	ie 🗌		
22. I certify that (I) (*Hris-hospital) attend	ed the deceased from	1	966 to x	UNE 15 1968
that (I) (lost sow the deceased alive	1			inion death occurred on the date
			or in (my) (our Aup	fillon deoth occurred on the dote
and hour and from the couses stated above	e. (1) (%g) (did) (did net)_	view the body ofter death.		
23A. SIGNATURE	(or 6)			23 B. DATE SIGNED
Jahn Waln to	War A A DEGREE Phy	ending Med. Director	Staff Phys.	DUNE 15, 1968
23C. PHYSICIAN'S NAME (Type)	./	23D. ADDRESS		
	Haylom	12 1- 1	1-200	VALTIMORA MA
24A. BURIAL GREMATION, 124B. DATE 24	CHAME OF CEMETERY OF CR	EMATORY 24D 10	CATION I	Sity town or county! (State)
REMOVAL (Specify)	Office of Contract of Ch			Total County County
Burial 6/16/88	Beth Tsiloh ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Ctimore. Ma	ruland
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR			
The same of the	المرابع المراب	Sol Devinson &	Bros. 601	O Reisterstown Road

Sol Levipson & Bros. 6010 Reisterstown Road

01.			BALTIMORE CITY	HEALTH DEPARTMENT	1.0	00 0054
4-6	6	8-635	1 CERTIFICA	TE OF DEATH	REG. NO.	65- 6351
BIRTH NO.			- CERTIFICA			
1. NAME OF (Type or Print)		5, M.	pros	2. DATE	and Hour of DEATH	88 5-45 pm.
3. PLACE IN	BALTIMORE, MARYLAND	, WHERE PRONO	INCED DEAD	4. USUAL RESIDENCE (WA. STATE B. CO		nstitution: residence before admission)
FULL NAME HOSPITAL O		SPITAL OR INSTITU	JTION, GIVE STREET	MARY LAND C. CITY OR TOWN	Butte	IDE CITY LIMITS?
1551	.101 11	ACD.T	, 10 11	BALTIMORE E. STREET AND NUMBER		YES NO NO
00/1	VAI HO	DSPITA.	- 9 Dulto	#2 4136 FAL		#21215
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MALE	WHITE	WIDOWED	DIVORCED [12-8-1887	80	
	OCCUPATION (Give kind of est of working life, even if retire		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
RETA1		GROC	ER	RUSSIA		u.s.A.
13. FATHER'S	NAME			14. MOTHER'S MAIDEN N	IAME	
1	ABEL PRESS			MIRIAM	?	
15. Was Dece (Yes, no or unk	osed Ever in U. S. Armed	Forces? dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO			216-32-9974A	MR. IRVIN PRE	SS. 3509 JO A	NN DRIVE #21207
18. / /	10, 91		CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Tol	SEASE OR CONDITION			21 -	0, 5	11
/=1:1	LEADING TO DEA		· (A) IMMEDIATE CAL		Welmoney C.	mole 2 hrs, 30
heart fai	es not mean the made lure, asthenia, etc. It me	ans the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
injury ar	camplication which cau		N	L. M.	1-111./	+ 1211
	ANTECEDENT CAU		(B) CU	A CONSEQUENCE OF:	deal Arguice	har swys
	S OR CONDITIONS, the abave cause (DUE 10, OR AS	S. C. V.D	_ /	1. 4/
	YING CONDITION last.		(c)	3000		avenous
- 420	,/ 11					
	GNIFICANT CONDITIONS DEATH BUT NOT RELATED T					
	OR CONDITION GIVEN IN	PART 1 (A).	VUICH OPERATION	20A AUTOBSY2 (Yes or	No. 208 IE VEC WEDE	FINDINGS CONSIDERED
D 19A. DAT		PERFORMED	WHICH OPERATION	m	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CON	CIDENT WAS UNDERLYIN TRIBUTING CAUSE OF notify medical examiner)	IG 21B.	e, form, factory, street, o	n or obout 21 C. WHERE DID	(If In Boltimo	re City, give exoct locotian)
21D. TIM	E (Month) (Doy) (Y	eor) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID	NJURY OCCUR?	
S OF INJU		Wh	ile At Not While	е		
				5/20	19 68 to 6	/14 10/0
	rtify that (I) (this hasp		he deceased from	1/0/2	(19.5
that (I)	(we) last saw the dece	eased alive an		19and	that in (my) (our) op	inion deoth accurred an the date
and haur and fram the causes stoted abave. (I) (We) (did) (dld nat) view the bady after death.						
23A. SIGNATURE Attending Med. Staff 6/14/68						
	CREMATION, 24B. DATE	24C.N.	AME of CEMETERY OF CR	MATORY 24D	. LOCATION (C	City, town, or county) (State)
BURT		68 IMTS	HKON ISRAEL S	ECTION) B	ALTIMORE, MAR	RYLAND
	EC'D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECT	TOR	ADDRESS
	JUN 1 9 196	68 0700	8 2 tableman	GOLLEVINSO	N & BROS., 601	10 REISTERSTWON ROAD
	1/1/68	- Ayerse				

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IMPORTANT

DIRECTOR:

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discussion ether in

	68- 6354 BALTIMORE CIT	Y HEALTH DEPARTMENT	8- 6354
	CERTIFICA	TE OF DEATH	0001
1	BIRTH NO. I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
	Type or Printl Louis Farkas	June 12, 1968	5: 44 P
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF	A. USUAL RESIDENCE (Where deceased lived. If institution B. COUNTY Florida	on: residence before odmission
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CIT	TY LIMITS?
	US Public Health Service Hospital	Hollywood YES	□ NO □
1	3100 Wyman Park Drive	E. STREET AND NUMBER 2106 Funston Street	
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	1 11 1 1	Index 1 Yr. If Undex 24 Hrs ths: Days Hours Min.
	M WIDOWED DIVORCED	11/10/12 last bithday 5	The state of the s
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if refired) Bos 1 Seafarer	Y 11. BIRTHPLACE (Stote or fareign caunity) 12. Hungary	CITIZEN OF WHAT COUNTRY USA
ī	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Paul Farkas	MAXXXXX Marie Takacs	North Control
ĺ	15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknown) (II yes, give war ar dotes of service)	17. INFORMANT	ADDRESS
	WW Yes WW II 107-18-6870	Records- US PHS Hospital, Be	alto, Md.
	18. / 9 / X CAUSE OF DEA	TH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	Metastatic squamous cell	9 mos.
	(This does not meon the mode of dying, e.g., QUETO, OR AS	A CONSEQUENCE OF:	
	heort foilure, osthenia, etc. It means the disease, injury or complication which caused death.)	carcinoma to brain	
	ANTECEDENT CAUSES		
	Protected on Corrections, in City, giving	S A CONSEQUENCE OF:	
	rise to the above couse (A) stating the UNDERLYING CONDITION last.		
	_ /93.0 II	Anasarca	IInless come
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	mias at Ca	Unknown
	▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A ALTYORCY2 (Yee or No.) 20R IE VEC MERE EINEN	NGS CONSIDERED
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes ar No) 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES	OF DEATH?
	m	1 3	, give exact lacation)
	OR CONTRIBUTING CAUSE OF hame, form, foctory, street, etc.)	affice bidg. INJURY OCCUR?	
	Q 21D-TIME (Month) (Day) (Yeor) (Haur) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	OF INJURY (APPROX.) While At Not Wh Work At Work	ile	
	22. I certify that (1) (this haspital) attended the deceased fram	Apr. 25 19 68 to June	12 19.68.
	that (I) (we) last saw the deceased alive an June 12	19 68 and that in /m/y/ (aur) apinian	
	and haur and from the causes stated abave. (1) (We) (did) (did) (did)		aram describe un ine uu
	23A SIGNATURE		DATE SIGNED
	H 11 77 0 117 A	hending Med. Staff ys. Director Phys.	6/13/68
	23C. PHYSICIAN'S NAME/Type)	23D. ADDRESS	0/13/00
	1	US PHS Hospital, Balto,	Md.
ì	George H. Greidinger , Surgeon (R) DEGRE 244. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION (City, tov	wn, or county) (State)
1	REMOVAL (Specify) Reltimore Natio		land
	Buria1 6-18-68 Battimore Nation	25C. FUNERAL DIRECTOR	ADDRESS
	JUN 19 1968 10 20 6 28 Fallen 48	Howard H. Hubbard, 4107 Will	kens Ave. 21229
V!	S 150-REV. 1/1/6B	0 0 5 %	

68- 6355 BALTIMORE CITY HEALTH DEPARTMENT

5			MED	ICAL	EXAMINER'S				DEA	TH REG. NO.	58-	6355	
	I. NAME OF DECEASED (Type or Print) RICHARD SHOEMAKER			IIo	DATE	Known X				G.			
				2	OF	Estimoted	Month	16, 1968	Yeor	Hour			
1	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				3	DEATH DATE	Estimoted L	Month	Doy	Yeor	Hour	М.	
FU	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION					PRONC	RESIDENCE (When	June	16, 1968		11:23		
		St. Agne	es Hosp		(DOA)) /	A. STATE	Maryland	e deceosed	B. COUNTY	20-	-05	OII
	SEX	7. RACE		B. MARRIE			C. CITY O			D. INSIDE CIT			
	ale	Whit		WIDOW				Baltimore	1	YE	s 🖄	NO 🗌	
11	9-21-19		10.AGE (In lost birthdox		If Under 1 Yr. If Under 24 Nonths Doys Hours		. STREET	and Number 2670 Wilk	ens A	venue			
11.	BIRTHPLACE Mary1	(Stote or foreig and		1	2. CITIZEN OF WHAT COUNTRY? U.S.A.	1	3. FATHE	'S NAME		oemaker			
144	USUAL OCC	UPATION (Give	kind of work	14B. KIND	OF BUSINESS OR INDU	USTRY	5. MOTH			00111-1102			
dor	ne during most of	working life, eve	en if retired)					A	Cont				
		SED EVER IN			17. SOCIAL	1	B. INFOR	MANT	C. Gri	AD	DRESS		
(Y e	s, no or unknow	n) (If yes, give w	or or dotes	of service)	212-46-975	55	Mr.	Joseph V.	Shoem	aker. 267	0 Wil	kens Av	re.
-	19.	1111	5		CAUSE OF					, , , , , , , , , , , , , , , , , , , ,	AP	PROXIMATE INTE	ERVAL
	28	130 11									BETW	EEN ONSET AND	DEATH
	DISEA	SE OR CONDI		CTLY			26.5			• • • • •			
	(This does	not meon the	mode of dy	ing, e.g.,	(A)IMMEDI	, OR AS	A CONSE	ltiple blu	inc in	juries			
	injury or co	e, osthenio, etc. mplicotion whic	It meons the h coused dec	diseose, th.)				-					
		AUTOCODONIA	0411556										
	ANTECEDENT CAUSES DISE ASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO, OR AS A CONSEQUENCE OF:												
	RISE TO TH	HE ABOVE CAL	JSE (A) STAT	ING THE									
Z	OT TO ENET		011 1.451.		(c)								
CERTIFICATION	OTHER SIG	MIFICANT CON	RELATED TO	THE TERMIN									
	20A DATE C	R CONDITION			OR WHICH OPERATION	NI WAS	DEDECOR	MED			21 AUTO	PSY? (Yes or	Na
	2	, OI ERANION	1200. CO	VIIIOIV I	OR WINCH OF ERAHOL	IT TIME	FERFOR	WED			21. 4010	r317 (103 01	110)
A A	22A. EXTE	RNAL CAUSE	MAC	12	28 DIACE OF INITIDA	loo in	as about	22C WHERE DID	/If in Delaine	and City attended	No		
EDIC	UNDERLYIN	GEOR CONT	TRIB-	ĥ	2B. PLACE OF INJURY ome, form, foctory, street	, office b	oldg., etc.)	INJURY OCCUR?	Frede:	rick Aven	ue -	2011	201
\frac{1}{2}	UTING LC.	(Month) (D) (Hour)	street	PED		east of Du				20	-60
-	OF INJURY				WHILE AT	NOTW	Town						
	(APPROX.) 6-16-68 11:00 P. m. WORK D NOT WHITE X Driver of auto-fixed object collision												
		tify that I he	eld on la	nouiry [Inspection T	Auta	nsv 🗍	and that an	his basis	. death in my	ninian		
	I certify that I held an Inquiry Inspection X Autapsy and that an this basis, death in my apinion resulted fram: Natural causes Accident X Suicide Homicide Undetermined manner												
	1630		- (303	Accident Z	A		CHIEF MEDICAL		L-3			
	ACTUA	1 (1	1 8	()	-	1	ACC	ISTANT MEDICAL		LAM		DATE SIGNI	ED
	SIGNA		usy_	2	- Andrew	M.D.							
	NAME		arles	S. Sp	ringate, M.D).	ASS	OCIATE MEDICAL	EXAMINER	Jun	e 17,	1968	
	A. BURIAL CRI	MATION, 2	4B. DATE		24C. NAME of CEME	TERY or	CREMAT	ORY 24D	LOCATIO	N (City, town,	or county)	(Stote)
	Burial		6-20-1		Meadowridge	e Ce				County, N		nd	
25	A. DATE REC'I	BY HEALTH	DEPT.	25B. NA	ME OF REGISTRAR		25C.	FUNERAL DIRECT	OR	AL	DRESS		
	J		968 (Regl	E. Fally	4	Но	ward H. H	ybbard	, 4107 W	11kens	Ave.	2122
VS	151-REV. 1/1/6	B V 8	69.	0			-	-					

Particular Commercial Animal in stant standards . I represe in the new year extent melanona femin engisiasi TOTAL OF THE PARTY

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

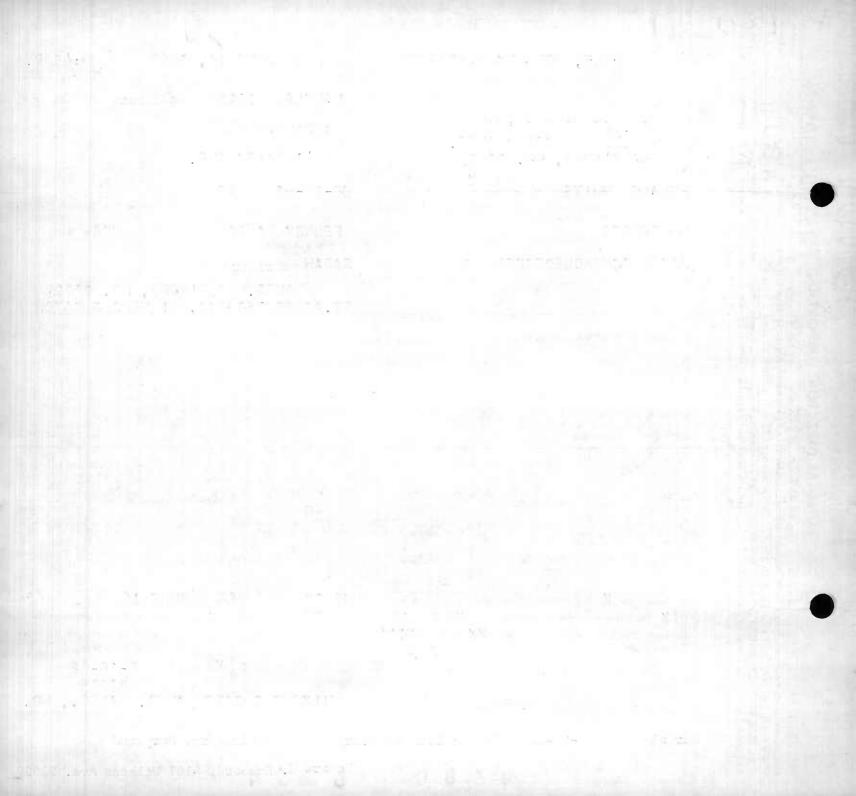
BETWEEN ONSET AND DEATH

1968

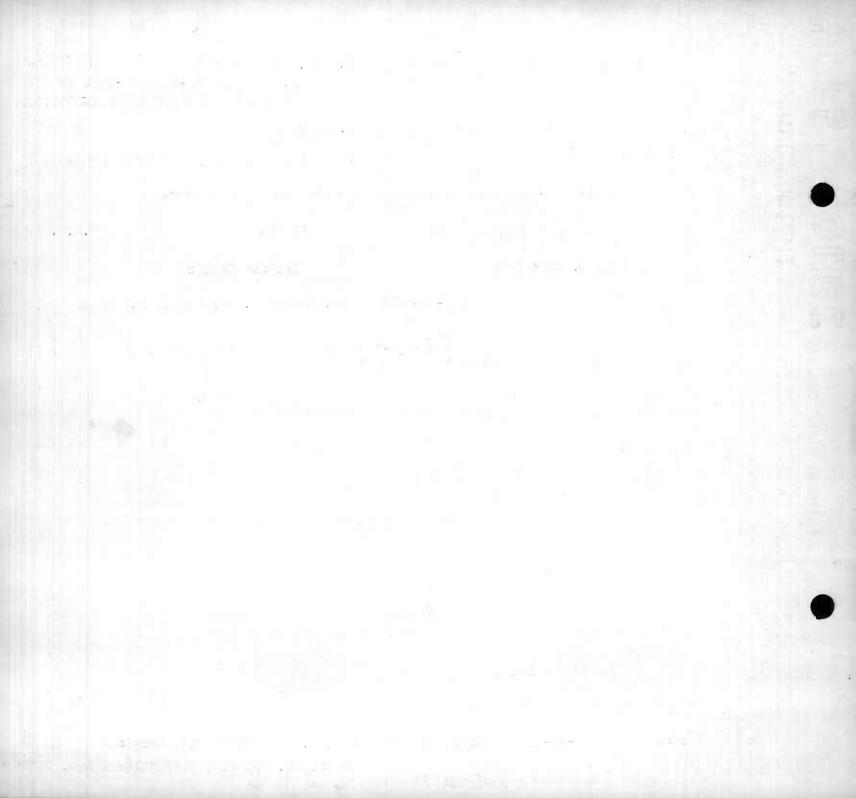
ADDRESS

USA

If Under 24 Hrs.



BALTIMORE CITY HEALTH DEPARTMENT

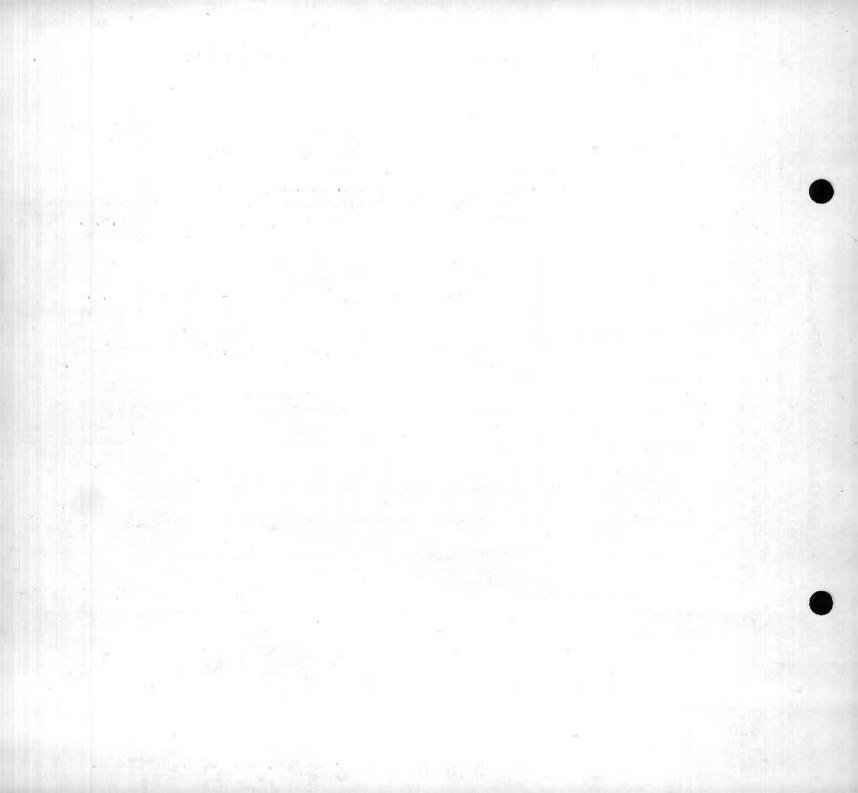


68-6358 baltimore city health department

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH.
MILDICAL	EVI WALL AFIL O	CENTILICATE		

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 00 0358					
BIRTH NO.	KEG. NO.					
1. NAME OF DECEASED (Type or Print) CHARLES L. FOULKES	2. DATE Known K Month Doy Yeor Hour OF DEATH Estimoted June 16, 1968 M.					
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	June 16, 1968 6:05 PM					
503 N. Fulton Avenue	A. STATE Maryland B. COUNTY					
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY MMF57					
Male Negro WIDOWED DIVORCED	Baltimore YES X NO					
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER					
Jan. 29/928 40	503 N. Fulton Avenue					
(IV BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME					
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME					
done doring Most Durking life, even if retired)	Cityl Mhrson					
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor ar doles of service) 17. SOCIAL SECURITY NO.	My Capel Fern 5032 Futh					
19. CAUSE OF DEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
PART OF OR CONTINUE A PROPERTY.	BEI WEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE Massive intrapontine hemorrhage					
	AS A CONSEQUENCE OF:					
injury of compression which coused death.)						
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:					
UNDERLYING CONDITION LAST.						
5 3 7 X II						
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W						
DISEASE OR CONDITION GIVEN IN PART 1 (A).						
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)					
	Yes					
228. PLACE OF INJURY(e.g. home, form, foctory, street, office of the unit of	, in or obout 22C. WHERE DID (If in Boltimore City, give exact location) ce bldg., etc.) INJURY OCCUR?					
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?					
	T WHILE					
23.						
I certify that I held on Inquiry Inspection A						
resulted from: Natural causes Accident Suici						
ACTUAL () I TO TO	CHIEF MEDICAL EXAMINER L					
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER LA						
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER June 17, 1968					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, or county) (Stote)					
REMOVAN (Specify) 6-20-68 Baltino !	nat Cun 550 (Fredrick an Dalls. Mid					
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25E FUNERAL DIRECTOR ADDRESS					
HIN 19 1968 R. O. & S. Followers	Both British					
VS 151-REV. 1/1/68	0 0 0 0					

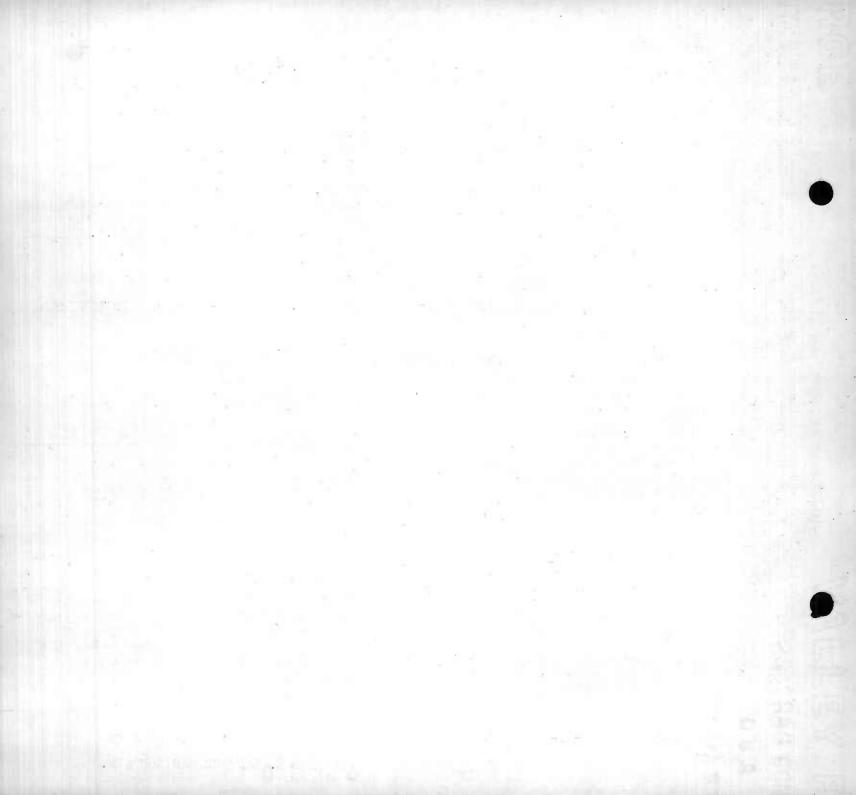
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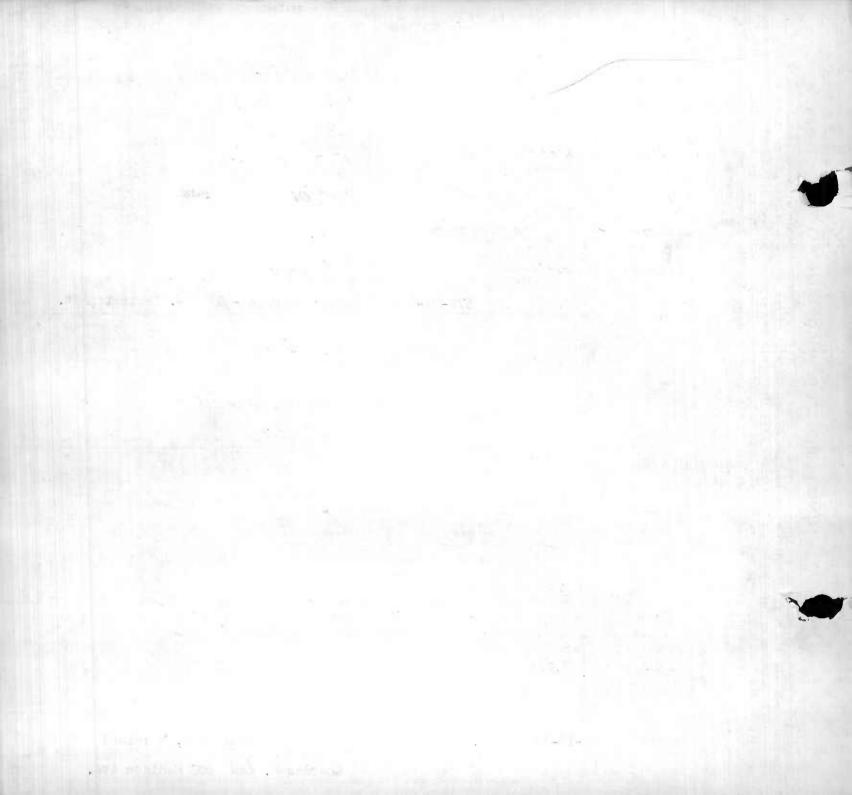
IMPORTANT

FUNERAL DIRECTOR:

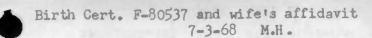
VS 150-REV. 1/1/68



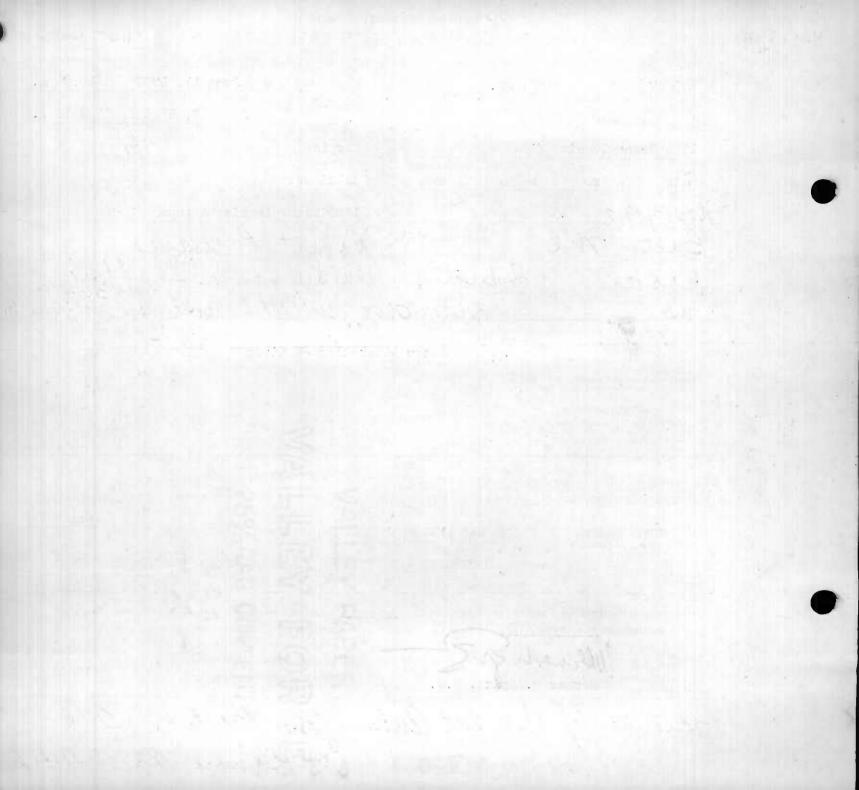
7	Pt B at	BIRTH NO.	CERTIFICA	ATE OF DEATH REG. NO	<u>68-6361</u>
	of death of death Deceased e on the ith. Such	1. NAME OF DECEASED (Type or Print)	- 1	2, DATE AND HOUR OF DE	ATH 70
	o c d	Willie	J Dh NSO N	6/44/68	1/250 PM
		3. PLACE IN BALTIMORE, MARYLAND	, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	It institution; residence before admission)
	hos Ise and de	HOSPITAL OR ADDRESS OR L	SPITAL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN D.	18-02
	cause use; (5) tendan r to de	INSTITUTION		C. CITY OR TOWN	YES NO NO
	ng cau	Universety Hospin	tal 1	E. STREET AND NUMBER	
	D L.	UN. 02321 7 1100 pr 1		1220 CN. Cexinsto	~ 5/.
4	2000	5. SEX 6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	octuontri ermi regu ease	m	WIDOWED DIVORCED	3/10/01 61	
	th co lete ece	done during most of working life, even if retir		111. BIRTHPLACE (State or foreign country)	12, CITIZEN OF WHAT COUNTRY
	S it	Laborer	Construction	Georgia	USA.
	way	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
=	disp		SON.	MANIE	
A	e d e at	(Yes, no or unknown) (If yes, give wor or	dotes of service) SECURITY NO.	17. INFORMANT	ADDRESS
ORT	th th ki d d d fin	No	579-09-5076	Bertha Johnson - 1220 W	. Lexington St.
ō	if it	18. 185 X I	CAUSE OF DEA	гн	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
A P	his of o or or or or or or or or or or or or or	DISEASE OR CONDITION LEADING TO DEA	TH	USE CA Prostate	
=	A P D D D D D D D D D D D D D D D D D D	(This does not mean the made	(A) IMMEDIATE CA	A CONSEQUENCE OF:	
~	er.	heart failure, asthenia, etc. 11 me injury ar camplication which cau	ans the disease,		
OR:	en de la	ANTECEDENT CAU	SES AYA	um illidan intertrans	
5	A A A	DISEASES OR CONDITIONS,	if any, giving DUE TO, OR A	um Unday infection	
R	(3) (3) In s	rise to the above cause UNDERLYING CONDITION last.	A) stating the	hour tuin	
0	medical ledical burns; (; hysician in was i	/72 X II	(~/		
AL	odic urr ysi ysi	O OTHER SIGNIFICANT CONDITIONS			
	y b h i e r	DISEASE OR CONDITION GIVEN IN	PART 1 (A).	120 A ALLEGREYS (V New 2000, IF MED	EDE SINDINGS CONSIDERED
NER	hie bod he		ONDITION FOR WHICH OPERATION PERFORMED	20A. AUTOPSY? (Yes or Na) 20B. IF YES, WIN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
5	by (2) B	U 21A, ACCIDENT WAS UNDERLYIN	G 21B. PLACE OF INJURY (e.g.,	in ar obout 21 C. WHERE DID (If in Bol	timare City, give exact location)
	her her do p	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, toctory, street,	office bldg., INJURY OCCUR?	
	by W. W.	D 21D. TIME (Manth) (Doy) (Y.	ear) (Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
	hos nat- ept d (6	S OF INJURY	While At Not Wh	le 📗	
	y r xcc xcc bta	22. I certify that (1) (this hasp	ital) ottended the deceosed from		TUNE 14 19 68
	0	that (1) (we) lost sow the dece	osed alive on June 14	19 68 ond that in (my) (our)	
	st be ap ased to dent of a spital death);		stoted obove. (1) (We) (did) (did not)		
	eased ident hospit o deat must	23A. SIONATURE	,		23B. DATE SIGNED
	D 0 0 0 0	Joseph K Mit	AH DEGREE PH	ending Med. Staff.	6/4/68
	y was rely y was rely). A. at a b d prior to	236. PHYSICIAN'S NAME (Type)	DECKEE	23D. ADDRESS	7 - 7
	was r An a A. at a prior		- DEGREE		
	certificate body was i vs. (1) An a D.O.A. at ased prior	24A. BURIAL CREMATION, REMOVAL (Specify)			(City, fown, or county) (State)
	This certifulation of the body shows: (1) was D.O. deceased written a	Burial 6-18-	68 Mt. Auburn	Baltimore,	Maryland
	This celthe bocshows: was D. deceas	25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	£ 4 3 4 3	JUN 1 9 196	8 R. B. A 2 Stallens	Charles R. Law 802 M	ladison Ave.
		VS 150-REV. 1/1/6B			



VS 150-REV. 1/1/6B



6363 BALTIMORE CITY HE	ALTH DEPARTMENT				
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	68- 6363			
BIRTH NO.					
1. NAME OF DECEASED	2. DATE Known Month Doy OF DEATH Estimoted June 17, 1968	Hour 10:00 A			
ROBERT WARE, JR. 4 PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD June 17, 1968	3:15 P _{•M.}			
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. Il institution: r	1711			
1606 Pennsylvania (DOA)	A. STATE B. COUNTY /	4-07			
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?			
male negro WIDOWED DIVORCED	Baltimore YES	V NO D			
2 DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.		2			
Nov13, 1918 lost blithdoy) Months, Doys, Hours, Min.	1606 Pennsylvania Avenue				
11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF	13. FATHER'S NAME				
Balta. Md WHAT COUNTRY?	Robert P. Ware	,			
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME	11			
(sole Industry	Wilhelmenia Sho	y per			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT	DRESS 3641			
700 1 - 12-06	07 Mis-Wilhelmenia Nona	o- Dolfield			
19.5 7/, CAUSE OF DEA	ты	BETWEEN ODSET AND DEATH			
DISEASE OR CONDITION DIRECTLY Fatty Al	teration of Liver				
(A) IMMEDIATE C	CAUSE AS A CONSEQUENCE OF:				
heort foilure, osthenio, etc. It means the disease, Injury or complication which coused death.)	AS A CONSEQUENCE OF.				
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:				
INDERLYING CONDITION LAST					
Z (C)		*****			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		± 5× 4 ≈ 7 × 4× 0 × 0 × 0 × 0 × 0 × 0 × 0 × 0 × 0			
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)			
0 3		yes			
	in or obout 22C. WHERE DID (If in Boltimore City, give exoct to bldg., etc.) INJURY OCCUR?	locotion)			
☐ UTING ☐ CAUSE OF DEATH.	as order, site of the site of				
DF INJURY (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?				
(APPROX.) m. WHILE AT WORK AT V	WHILE VORK				
23.	stapsy 🛚 and that an this basis, death in my a	-1-1			
resulted fram: Natural causes X Accident Suicident	de L Hamicide L Undetermined manner L CHIEF MEDICAL EXAMINER				
ACTUAL //// A & A SANCE SIGNED					
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER (2) 6/18/68					
EXAMINER'S NAME (Type) Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER				
24A. BURIAL CREMATION, 24B. DATE / 24C. NAME of CEMETERY	ar CREMATORY 24D, LOCATION (City, town,	or county) (Stote)			
REMOVAL (Specify) 6/2/168 Mt (Pier	resu Cen Ralto.	ma.			
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR AD	DRESS			



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

ANTO DOLLARS THE MARKALANT GERRAE HOUSE ACUTE AVOCARDIAL INFARCTION APPLIC CARCILISMA OF SIGNAND

June 18, June 18, and June 1

Geloudelle

THE PARTY OF THE P

	•	00- 0000 BALTIMORE CITY HEALTH DEPARTMENT	
X-!	520	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	J 3335
			у С.
		(Type or Print)	968 Hour
		TO THE STATE OF TH	(4).
		PRONOUNCED DEAD	Yeor Hour
	1/2	HOSPITAL ADDRESS OF LOCATION).	JVI.
		5. USUAL RESIDENCE (Where deceosed lived, if institution A. STATE B. COUNTY	residence before odmission)
	77	South Baltimore General Hospital (DOA) MXXXXXXXX Alabama 6. SEX 7. RACE 8. MARDIED	TV HAITS?
		THE	
			s No X
		9. DATE OF BIRTH Nov. 6 1898 lost believe) 10. AGE (In years left Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months, Doys, Hours, Min. 202 N. Beaty St.	
		11. BIRTHPLACE Stole or foreign country) 12. CITIZEN OF 13. FATHER'S NAME	
		WHAT COUNTRY?	
		14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAÎDEN NAME	
		done during most of working life, even if retired)	
		Professor of Education Teaching Alice Holcomb - Holcomb	
		If Yes, no or unknown Wife yes, give wor or dates of service) SECURITY NO	DDRESS
		526-12-7210 Joe B. Young 1601 Willshire CAUSE OF DEATH	Avenue
		19. 1 2 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DISEASE OR CONDITION DIRECTLY	
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic Cardiovascular Disea (A)IMMEDIATE CAUSE	se
		(This does not mean the mode of dying, e.g., DUETO OR AS A CONSEQUENCE OF.	
		heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
		ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE AROVE CAUSE (A) STATING THE	
		UNDERLYING CONDITION LAST. (C)	
		(c) (c)	
		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
		DISEASE OR CONDITION GIVEN IN PART 1 (A).	
		20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
		O A	Yes
		22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exo	
		UNDERLYING OR CONTRIB- home, farm, foctory, street, office bldg., etc.) INJURY OCCUR?	
		22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?	
		OF INJURY WHILE AT NOT WHILE T	
		m. WORK AT WORK	
		I certify that I held an Inquiry Inspection Autopsy and that an this basis, death in my	minian
		resulted from: Natural causes X Accident Suicide Hamicide Undetermined manner	
		ACTUAL AC	DATE SIGNED
		SIGNATURE WILLIAM M.D. ASSISTANT MEDICAL EXAMINER X	6/10/60
		EXAMINER'S Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER	6/18/68
		TVAMIC (Type)	
		24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town	n, or county) (State)
		Burial 6/22/68 Odd Fellows Come tery Anderson Texas	
		25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	DDRESS
		IUN 20 1968 Relat E. Farbara Leonard J. Ryck Inc. 5305	Harford Rd
		VS 151-REV, 1/1/68	

v.s. 153 7-1-68 M.H.

/	BALTIMORE CITY HEALTH DEPARTMENT
)	CERTIFICATE OF DEATH X REG. NO. 68- 6366
	BIRTH NO.
	(Type of Print) John M. Schaefer July 18 1968 1:55 A.M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland 124 Homones
	INSTITUTION C.
	E STEET AND NIMARED
9	6116 Belain Road 8027 Philadelphia Road
8	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
E	VNale White WIDOWED DIVORCED July 8, 1886 81
=	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
0	Steel Worker Beth. Steel G. Mary land USA
pos	13. FATHER'S NAME
15	hours Schaeter Many scholer
0	15. Was Deceased Ever in U. S. Armed Forces? (Yes, ap or unknown) (Ilf yes, give war or dates of service) 16. SOCIAL SECURITY NO.
	Mc 23074632# Mary F. Scheeten 8027 I hileololphic Ke
0	18. A PPROXIMATE/INTERVAL BETWEEN ONSET AND DEATH
0	DISEASE OR CONDITION DIRECTLY
E	(This does not meen the mode of dying, e.g.,) (A) MARKET ALSE DUMONLY Idena) 30 hr
00	heort foilure, osthenio, etc. It meons the disease
E	injury or complication which coused death.
0	ANTECEDENT CAUSES (B) CIPILEUS CUIDE C-VOUS LASE)
ıre	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:
15 (UNDERLYING CONDITION lost. (C)
0	422.1 11 9 10
E	o other significant conditions contributing the poeter to the significant conditions contributing contributin
0	O THER SIGNIFICANT CONDITIONS CONTRIBUTING ASSOCIATED TO THE DEATH BUT NOT RELATED TO THE TERMINAL ASSOCIATED TO SIGNIFICANT CONDITION GIVEN IN PART 1 (A).
the	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ore	
9	U 27A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 27C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
bet	DEATH (notify medical exominer) etc.) The states Not states
ained	Q 21D. TIME (Month) (Day) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
=	(APPROX.) 5/19/68 While At Work At Work
pto	22. I certify that (1) (this territal) attended the deceased from Tell 2 1968 to June 18 1968
0	that (1) (30) last sow the deceased alive an June 17 1968 and that in (my) (40) apinion death accurred an the date
pe	and hour and from the couses stoted obave. (1) (We) (did nat) view the bady after death.
US	23A-SIGNATURE 23A-SIGNATURE
approval must	X Attending Med. Stoff Jan 0 (9 1060)
0	23C. PHYSICIAN'S 1 23D. ADDRESS 23D. ADDRESS
o o	NAME (Type) A Beltingel /4
рр	DEBREE TO US / CUMOUR OF THE
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
written	Buria 1 6/21/68 Holy Redeemen Comby 12 tunore Mcl.
Ė	25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2SC JUNERAL DIRECTOR
}	JUN 20 1968 Pilest & talker of Philip & Juch 1211 Chesaco Atra
	VS 150-REV. 1/1/68 A/

1 21 mil 39 15 2 mil 14 B-4:24

68- 6367 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

68- 6367

BIRTH NO.	* No. of the same						
NAME OF DECEASED JOSIAH BLACKLOCK	2. DATE Known M Month Doy Yeor Hour OF DEATH Estimated June 17, 1968						
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	June 17, 1968 Amonth Doy Year Hour PM 12:05 M.						
Union Memorial Hospital (DOA)	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY Maryland						
5. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
Male White WIDOWED DIVORCED	Baltimore YES X NO						
P. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER						
11-9-1904 63	1600 Walterswood Road 21212						
1. BIRTHPLACE (Stote or foreign country) Baltimore, waryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.	Josiah A. BlackLock						
4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME						
one during most of working life, even if retired) School Principle Balto.C	Johana Gerkey						
6. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give wor or dotes of service) No. 216-20-7754	Mrs Julia E. Blacklock 1600 Walterswood						
19. 4 / 2 4 I CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
	tic cardiovascular disease						
(A)IMMEDIATE (CAUSE AS A CONSEQUENCE OF:						
injury or complication which coused death.)							
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	ISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF:						
UNDERLYING CONDITION LAST.							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
DISEASE OF CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)						
	No						
	in or obout 22C. WHERE DID (If in Boltimore City, give exact location) to bldg., etc.)						
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (ARBERT) NOT	WHILE C						
23. m. WORK LATV	VORK U						
I certify that I held an Inquiry Inspection X Au	tapsy ond that on this basis, death in my opinian						
resulted from: Notural causes Accident Sulci							
ACTUAL SIGNATURE LAND M.E.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER X						
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER June 17, 1968						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)							
Burial 6-20-1968 Parkwood Cem							
JUN 2 0 1968 (Dr. 852 Stalley)	25c. FUNERAL DIRECTOR ADDRESS 21236 O ascenno Funeral Home 7401 Belair Road						
	The document of the second of						

68- 6368 BALTIMORE CITY HEALTH DEPARTMENT

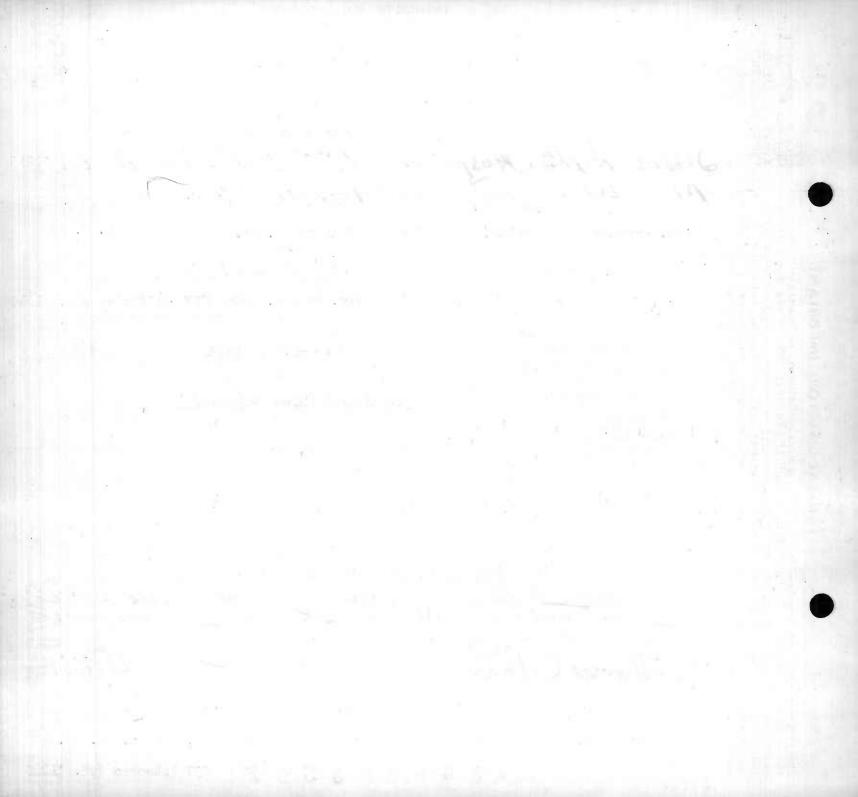
	S'S CERTIFICATE OF DEATH REG. NO. 68-6368
BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print) S	2. DATE Known X Manth Day Year Hour
MARIE FLEISHELL	DEATH Estimoted □ 6 18 68 7:20 p M
4. PLACE IN BALTIMORE, MARYHAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3. DATE Month Doy Year Hour PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION)	June 18 1968 7:20 p. M
113	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
South Balto. General Hospita	Maryland 25-04
6. SEX 7. RACE 8. MARRIED NEVER MARRI	
Female White WIDOWED DIVORC	Darco
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 1 Ooks birthdoy) Months Doys Hours	24 Hrs. E. STREET AND NUMBER
Dec. 30, 1926 41	903 Patapsco Ave.
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAI COUNTRY	13. FATHER'S NAME
maryland U.S.	. Dewey Price
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INI done during most of working life, even if retired) Housewife	Amelia Donawowski
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS 21
(Yes, no or unknown) (If yes, give war or doles of service) SECURITY N	Mr. Lester L. Fleishell 903 Patapsco Ave.
19. CAUSE O	DF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY Fatt	y metamorphosis of the liver
LEADING TO BEATH	EDIATE CAUSE
	TO, OR AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO THE ABOVE CAUSE (A) STATING THE	TO, OR AS A CONSEQUENCE OF:
I INDERLYING CONDITION LAST	
É	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATI	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATI	ON WAS PERFORMED 21. AUTOPSY? (Yes or No)
	YES
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. 22B. PLACE OF INJUR	RY(e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) eet, office bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH.	
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCU	The state of the s
(APPROX.) WHILE AT WORK	NOT WHILE AT WORK
23.	The state of the s
I certify that I held an Inquiry Inspection	
resulted from: Notural causes Accident	Suicide Homicide Undetermined manner
ACTUAL 12 (171 / 1.8	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S	M.D. June 19, 1968
	METERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	Glen Burnie, Md. A. A. Co.
Burial 6/22/68 Glen Haven 25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	n 25C. FUNERAL DIRECTOR ADDRESS
ZSA. DATE REC D BT HEALTH DEFT. ZSB. NAME OF REGISTRAN	2000 00
111N 20 1968 12 0 0 0 8 2 8 Fact	Gulley 237 Patapaco Ave. 212
VS 151-REV. 1/1/68	7 7 9 9 9

. D. Petarasell C. No. Leaver in Chelulell - 9032 Charmen

that are provided a few and the

A .A .b. , Dimer de la

VS 150-REV. 1/1/6B



VS 1S1-REV. 1/1/68

68- 6370 BALTIMORE CITY HEALTH DEPARTMENT

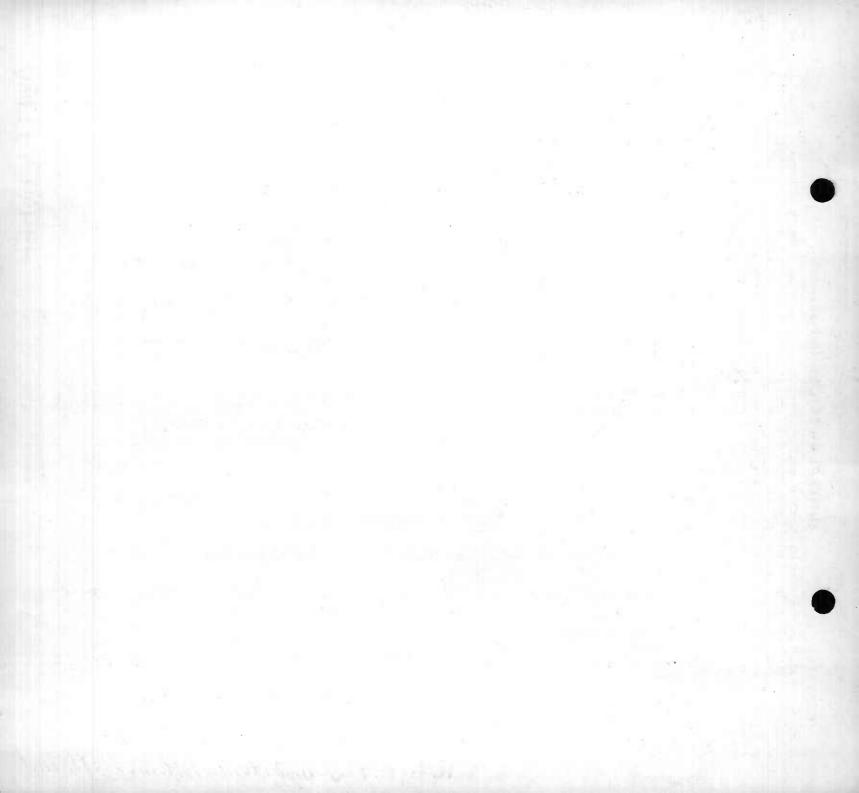
MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
MILDICAL	LVWIII IFI ?	CLKIIIICAIL	OI DEATH

BIRTH NO.		MED	DICAL		AMINER'S			DEATH	REG. NO	68	- 63	70
NAME OF DEC	EASED		1	201	STONE	2. DATE	Known X	Month	Doy	Yeor	Hour	
(Type or Print) SUE	CAR	EV		1	LSTONE	OF	Estimoted		18, 1		2:17	Α
4. PLACE IN BALT			WHERE PRO	- 20		3. DATE	2311110100	Month	Doy	Yeor	Hour	A.M.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO1		AL OR INSTIT		I, GIVE STREET	PRONO	JNCED DEAD	June	18, 1	968	2:17	
St. Agr	nes Hos	pital				A. STATE	yland		. COUNTY	1 A C	O.	sion)
6. SEX	7. RACE				NEVER MARRIED	C. CITY OR	TOWN	-	D. INSIDE C	ITY LIMITS?	52	-00
fema1e	whit	e	WIDOWE	D	DIVORCED _	Bat	ermore.	5	X	XXXXX	NO X	
DATE OF BIRTH	1	10. AGE (I	In years		r 1 Yr. If Under 24 Hrs. Doys , Hours , Min.	E. STREET	ND NUMBER					
12/15/	34	33	,	, Continua	Doys Hoors Min.	829	Cedar Br	anch Dr	ive, G	len Bu	rnie	
1. BIRTHPLACE (S	tate or foreign	country)	1	2. CITI	ZEN OF	13. FATHER						
1	1 11			WH	AT COUNTRY?	1.56	F 4	1100011	101			
44 USUAL OCCUE	PATION (Give	kind of work	114B KIND	OF BUS	SINESS OR INDUSTRY	VIS MOTHE	P'S MAIDEN NA	MP4	NEF			
one during most of w				01 00.	3114E33 OK 114D031K	A A A	N 3 MAIDEIA IAA	- O			,	
1	ONE					MA	RGARE	1 PC	10111	VGT0	N	
6. WAS DECEASE (es, no or unknown)	ED EVER IN U	J.S. ARMEI	D FORCES?	17	SOCIAL SECURITY NO.	18. INFOR	MANT		A	DDRESS		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. ,		,			MAR	GARE	- PE	RAV	-ma	17112	2)
19.	V.				CAUSE OF DEA	TH	011161		1	AP	PROXIMATE IN	TERVAL
DISEASES OF RISE TO THE UNDERLYIN OTHER SIGNITO THE DEA	IFICANT CON	ONS, IF AN ISE (A) STA ON LAST.	ONTRIBUTI		(B)	AS A CONSE	QUENCE OF:					
DISEASE OR	CONDITION	GIVEN IN F	PART I (A).		HOLLODED ATION	4C DERECR						
B 20A. DATE OF	OPERATION	208. CO	HOIIIUN F	OK WI	TICH OPERATION W	AS PERFORN	ED			21. AUIO	PSY? (Yes o	ir No)
											Yes	
UNDERLYING UTING CAL 22D. TIME (OF INJURY (APPROX.)		RIB- rH. py) (Yeo	(Hour)	om e, fo ho 22E.	NCE OF INJURY(e.g., form, foctory, street, offic ome of frie INJURY OCCURRED LE AT NOT AT W	e bidg., etc.) li nd	NJURY OCCUR?	napolis	Road	oct locotion)		
23.	ify that I he	eld on	Inquiry [] [_	topsy X	ond that on	this bosis, a	deoth in my	opinion		
result	ed from: No	turol cou	uses 🗌	Acci	ident Suicio	de X Ho	omicide 🔲	Undetermin	ed monner			
	1/100	0	01	(17/		CHIEF MEDICAL	EXAMINER				
ACTUAL												
SIGNATU EXAMINE NAME (T)	ER'S	Werne	r U. S	pit	z, M.D.).	CIATE MEDICAL				6/18/	68
4A. BURIAL CREM	MATION, 2	B. DATE		24C.	NAME of CEMETERY	or CREMATO	ORY 24D	LOCATION	(City, tow	n, or county) (Sto	te)
REMOVAL (Specif		11.	-//:	1	/		,	72 -			,	
REMA	TION	6/19	1/68	1	-OUDON	TAR	K	SALT	0. N	12.		
SA. DATE REC'D	BY HEALTH D	EPT.	25B. NA	ME OF	FREGISTRAR	2SC. I	UNERAL DIREC	OR	2.1	ADDRESS		1
1	UN 20	1968	Polis	DE	, condusta	1/2/	ACNA.	313	2015	778	ERIC	7

GLER BURRIE LEE F HUMPHANY N.C. MARKARET PENNINGTON NOWE MARRANET FERRY WILLIAM CHEMMINER C/19/68 LOURSE PARK BALTER MILL. MIRAMBIE SOLLER

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 68-6371
1. NAME OF DECEASED	2. DATE Known X Month Doy Yeor Hour
(Type or Print)	OF 5 17 1060 11.45 D
CURTIS W. GRANGER 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOS PITAL ADDRESS OR LOCATION)	June 17, 1968 '11:45 P _M . 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
	A. STATE Maryland B. COUNTY Baltimore
Baltimore City Hospitals	II Plat y Land
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN Dundalk D. INSIDE CITY LIMITS?
male white WIDOWED DIVORCED	Baltimore VES NO X
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER
July 15, 1954 Ost birthdoy) Months Doys Hours Min.	7713 Charlesmont Road
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Maryland WHAT CSUNTRY?	J. Howard Granger
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired) Student	Rosemary Whittington
14 WAS DECEASED EVER IN U.S. ARMED FORCES? 117 SOCIAL	1B. INFORMANT (Mother) ADDRESS Dundalk, Md.
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Mrs. Rosemary McQuade, 7713 Charlesmont Rd.
110110	
19. CAUSE OF DEA	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Mil tip1	e Injuries
(A)IMMEDIATE	CAUSE
heort tollure, osthenio, etc. It meons the diseose,	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	No
UNINERIVING XIOP CONTRIR home, form, foctory, street, office	in or obout 22C. WHERE DID (If in Boltimore City, give exoci location) te bldg., etc.) 254 ft. S. of Rosebank Road
OF INTURY	22F. HOWDID INJURY OCCUR? subj. operator of bi-
(APPROX.) 6/17/68 9:30 P. m. WHILE AT WORK	work cycle - struck by car.
23.	
l certify that I held on Inquiry Inspection X Au	stapsy and that on this basis, death in my opinion
resulted fram: Notural causes Accident XX Suici	de Homicide Undetermined manner
1100 C Z	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE MURLENT M.E.	ASSISTANT MEDICAL EXAMINER
FYAMINEP'S	ASSOCIATE MEDICAL EXAMINER 6/18/68
NAME (Type) Werner U. Spitz, M.D.	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
Burial 6/21/68 Holly Hill Me	morial Gardens Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
0.000 - 0.000 - 0.000	John J. Duda, 7922 Wise Ave. Dundalk, Md.
JUN 20 1968 Releas E tarber	4 77 4 0
VS 151-REV. 1/1/6B	1) 0 0 0 7

. The working of the control of the

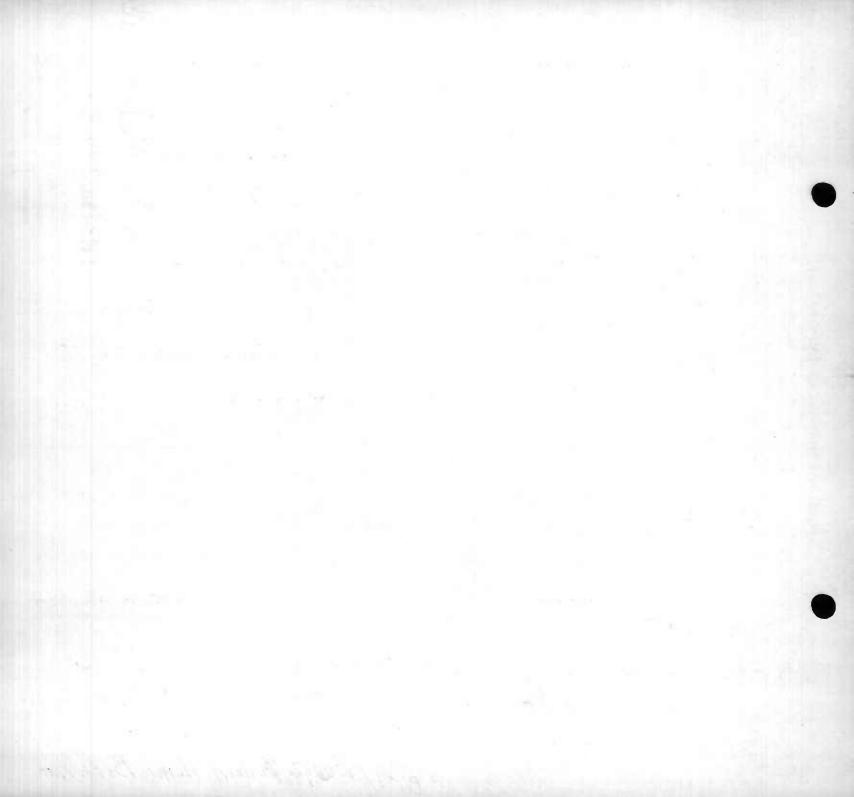


ADDRESS 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 19 45 to JUNE 14 ond that in (my) (our) opinion death accurred on the date 23B. DATE SIGNED 6-16-68 VS 150-REV, 1/1/68

NO

Hours

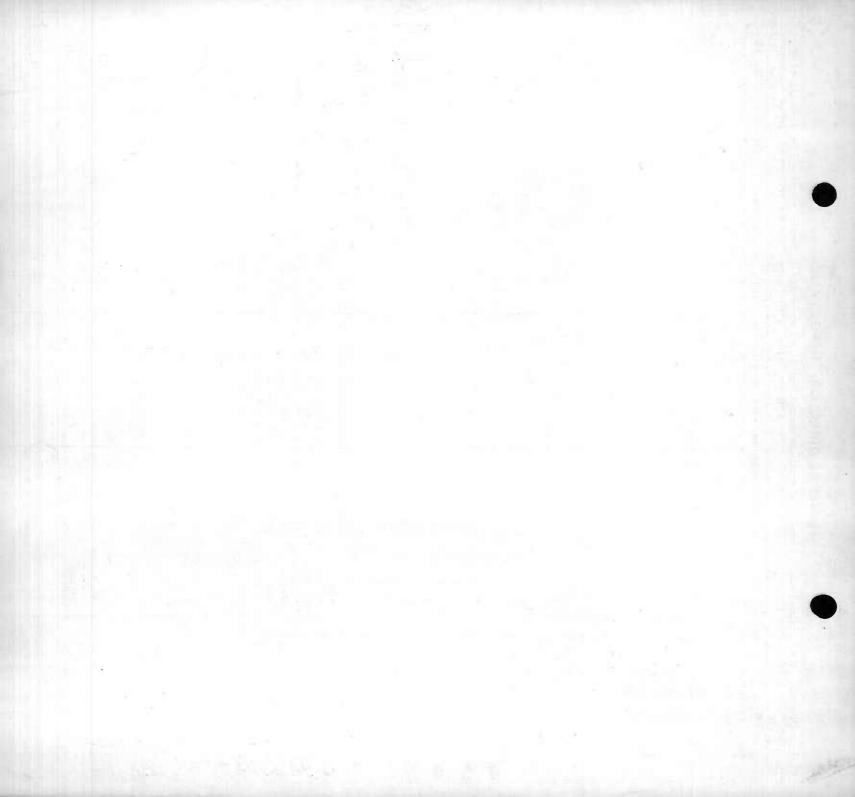
If Under 24 Hrs. Hours | Min.



Lange Sterner

HERM LEAD DAVE

BALTIMORE CITY HEALTH DEPARTMENT



68- 6376 BALTIMORE CITY HEALTH DEPARTMENT

1363	000				-00	-
MED	DICAL	EXAMINER'S	CERTIFICATE	OF DEATH	REG NO 68-	637

BIRTH NO.	REG. NO.
I. NAME OF DECEASED	2. DATE Known Manth Day Year Haur
PATTERSON E. JAMES	OF DEATH Estimoted X June 8, 1968 UNK
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD June 8, 1968 4:15 P.
HOSPITAL ADDRESS OR LOCATION)	M.
	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
2600 block Light Street (Harbor)	Maryland
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male negro widowed Divorced	Baltimore YES NO NO NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs	110 110 110
last birthdoy) Months, Doys, Hours, Min.	$\sim \sim \sim \sim 1$
32	128 W. Lee Street
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
N.C.	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	TY IS. MOTHER'S MAIDEN NAME
done during most of working life, even if retired)	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	BETTY PAHERSON (N.C.)
100	
CAUSE OF DEA	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A)IMMEDIATE	CAUSE
I This does not mean the mode of dying, e.g.,	AS A CONSEQUENCE OF:
heart foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING PUE TO, OF RISE TO THE ABOVE CAUSE (A) STATING THE	R AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
(C) ************************************	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	VAC DEDE ORAND
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21. AUTOPSY? (Yes or No)
	NO
22A EXTERNAL CAUSE WAS 228 PLACE OF INJURY (e.g.	, in or about 22C. WHERE DID (If In Baltimore City, give exact location)
S STATE OF THE STA	(harbor) 2600 blk. Light st.
22D. TIME (Month) (Doy) (Year) (Hour) 22E INTURY OCCURRED	22F. HOW DID IN HIRY OCCUR?
OF INJURY WHILE AT NO	T WANTE
	work X subj. drowned
23.	
I certify that I held an Inquiry Inspection A	utapsy and that an this basis, death in my apinion
resulted from: Natural causes Accident X Suici	de Hamicide Undetermined manner
1311	CHIEF MEDICAL EXAMINER
ACTUAL MUSALO A	ASSISTANT MEDICAL EXAMINER X
SIGNATURE WWW M.	0.0100
EXAMINER'S Werner U. Spitz, M.B.	ASSOCIATE MEDICAL EXAMINER (1970)
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C NAME of CEMETER)	ar CREMATORY 24D, LOCATION (City, town, or county) (State)
REMOVAL (Spenty)	(Stole)
Runa 6-15-68 mt, Cale	man Gland & Linnie
2SA DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR	SC. FUNERAL DIRECTOR ADDRESS
0 - 0 7 0	1 2117.1
JUN 20 1968 OL Cart & July	TENTRAM. [KONON) + SON)

COUNTY PRINCES -

IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) D. INSIDE CITY LIMITS? NO [If Under 24 Hrs. If Under 1 Yr. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS 1346 Sargeant St BETWEEN ONSET AND DEATH IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) and that in(my) (aur) apinion death accurred an the date 23 B. DATE SIGNED town, or county) ADDRESS Inc 1600 Hollins

STAMES FALLINGS HOLMANDER SCORE

VS 150-REV. 1/1/68

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BALTIMORE CITY HEALTH DEPARTMENT

	08-	- 63/	MED	ICAL	EXAMINER'S	CERTIFI	CATE OF	DEAT	Ή	68-	6379
BIR	TH NO.		-		A PART OF THE PART	4.5	and committee to be productions		REG. NO.		
	NAME OF DEC	EASED				2. DATE	Known	Month	Doy	Yeor	Hour
(lyp	c or Print) CHAR	LES	Α.		MCPHERSON	OF DEATH	Estimoted 🔯	June	17, 19	68	M.
4. 1			RYLAND, W	HERE PRO	ONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour M.
	L NAME OF	(IF NOT	IN HOSPITA	LORINST	TUTION, GIVE STREET	PRONO	UNCED DEAD				9.00 D
OR	SPITAL INSTITUTION	ADDRES	S OR LOCAT	ION)		6 LICLIAL D	ESIDENCE (Where	June		968	8:00 P.M.
5	1					A. STATE		deceosed II	B. COUNTY	n: residence i	Defore odmission)
	1303 Har		renue	(DOA)		Man	yland				1-09
6. 5	SEX	7. RACE		B. MARRI	ED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?	
m	ale	negro		WIDOW	ED DIVORCED	Bal	timore		V	ES X	NO 🗆
10.00	ATE OF BIRTI		10. AGE (In lost birthdoy	years,/	If Under 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMBER				
-	1. 04 13	1923		1) 47	Months, Doys, Hours, Min.	13	307 N. Cen	tral A	1700110		
11./	IRTHPUACE (S		45 country)	1	2. CITIZEN OF	13. FATHER		LLGI E	Venue		
7	,	Bett	100	V	WHAT COUNTRY?	1/	The state of the s	MA.L	11.		
1.44	USUAL OSCI	DATION/S:	V YE	1 VIAID	OF BUSINESS OR INDUSTR	100	cuae 1	116 1	reso	~	
	during most of w			Thirty	OF BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NAM	NE	1 -		
				Lott	ran	Sill	u U	rus			
	WAS DECEAS , no or unknown)				17. SOCIAL SECURITY NO.	18. INFOR	MANT		A	DDRESS	
		24)	,		Ja	mu	1			
	19. 4 5	1 0			CAUSE OF DEA	TH/	1				PROXIMATE INTERVAL
	-						(BELW	EEN ONSET AND DEATH
		E OR CONDI LEADING TO		.ILY	Fatty Al	teration	on of Live	r			
	(This does n	ot meon the r	mode of dyi	ng, e.g.,	(A)IMMEDIATE	CAUSE AS A CONSEC	LIEN CE OF:				
		osthenio, etc.			502 (5) OK	AS A CONTIL	OLITOL OI.				
				,							
		NTECEDENT C			(8)			·····			
	RISE TO THE	OR CONDITION ABOVE CAU	NS, IF ANY	GIVING	DUE TO, OR	AS A CONSE	QUENCE OF:				
7	UNDERLYIN	IG CONDITIO	ON LAST.		(c)						
ō	4500	7	11		(-/111111111111111111111111111111111111						
×		IFICANT CON	DITIONS CO							100	
CERTIFICATION		TH BUT NOT I			NAL						
RTI					OR WHICH OPERATION W	AS PERFORM	NED			21. AUTO	PSY? (Yes or No)
ö	2										
뒥	22A. EXTER	NAL CAUSE V	MAS	12	28. PLACE OF INJURY (e.g.,	in or shout S	2C WHERE DID /	If in Roltimo	re City alve av	et location\	Yes
O	UNDERLYING			Ī	ome, farm, foctory, street, offic	e bldg., etc.)	NJURY OCCUR?	ii iii boiiiiiio	ire City, give ext	oci roconon)	
MEDI	UTING CA				Y		05 11-			-7691	
2	OF INJURY	(Month) (Do	oy) (Yeor) (Hour			2F. HOW DID IN	JURY OCC	UR?		
	(APPROX.)					VORK					
	23.					-					
	I cert	ify that I he	ld on Ir	quiry L	Inspection Au	topsy XX	ond that on th	is bosis,	deoth In my	opinion	
	result	ed from: No	turol cous	ses XX	Accident Suicio	de 🗌 Ho	omicide 🔲 📗	Undetermi	ned manner		
		17	100	,			CHIEF MEDICAL E	XAMINER			
	ACTUAL	//	urue	11	> /	ASSI	STANT MEDICAL E	XAMINER	X		DATE SIGNED
	SIGNATU				M.C		CIATE MEDICAL E	YAMINIED			6/18/68
	NAME (T		Werne	r U.	Spitz, M.D.	ASSC	CIATE MEDICAL E	VWMIIIAEK			
24/	BURIAL CREA	AATION. 24	B. DATE	4	24C. NAME of CEMETERY	or/CREMATO	RY 24D.	CATION	(City, 16y	, or county	(Stote)
RE	MOVAL (Specif	VA O K	9	1/10	BH		11+	- Ye	Chi	2 - 1	
-	Leur	a l	med	168	Nato Ma	word	emer	7 4	sall	ne	
25/	A. DATE REC'D	BY HEALTH D	EPT.	25B. NA	ME OF REGISTRAR	259	UNERAL DIRECTO	100	4	DDRESS	2/2/3
140		JUN Z U	1908	Hole	ent & " Tayley "	The	TOME	16	dans 1	17016	13m 1.14
1/5	151.REV 1/1/AP			1 7	0 0 0 7	1.0	19100			100	None W

Cloude mopherson Jones / 18 Batto Waternel amothy Betternel v.520

68- 6380

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	MEDICA	EXAMINER'S	CERTIF	CATE OF	DEAT	H REG. NO.	68-	6380
. NAME OF DECEASED			2. DATE	Known 🖳	Month	Doy	Year	Hour
Type or Print)	SAM YOU	JC.	OF	Estimoted				
. PLACE IN BALTIMORE, N			3. DATE		Month	16 Doy	68 Yeor	8:20 a M.
		STITUTION, GIVE STREET		UNCED DEAD				
	RESS OR LOCATION)		- 1101141	PER PARENT AND	June	16	1968	8 · 20 a M.
			A. STATE	RESIDENCE (When	e deceosed li	ed. It institution B. COUNTY	i: residence	betare admission)
1003 N	. Parrish S	. D.O.A.		Maryland			/	601
SEX 7. RACE		RIED NEVER MARRIED	C. CITY O			D. INSIDE C	TY LIMITS?	
Male Col	ored Wido	VED DIVORCED	n Pa	1 4 4		V	ES 🔀	NO 🗆
DATE OF BIRTH	10. AGE (In years	If Under 1 Yr. If Under 24 Hrs	E. STREET	AND NUMBER			يما د.	140
4-16-1920	last hirthday)	Months Days Hours Min						
		LO CITITEN OF		3 N. Parr	ish St.			- Ch
1. BIRTHPLACE (State or fore	righ country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER	'S NAME				
Raliegh, No	rth Carol:	na U.S.A.	J	OHN OWNE	S			
4A.USUAL OCCUPATION (G	ive kind of work 14B. KIN	OF BUSINESS OR INDUSTR	RY 15. MOTH	R'S MAIDEN NA	ME			15 17 17
one during most of warking life,	even irrefired)		EI	IZABETH	VOLING	2		
6. WAS DECEASED EVER IN	NUS ARMED FORCE	S? 17. SOCIAL	18. INFOR		100140		DDRESS	
(es, no or unknown) (If yes, give	war or dates of service	SECURITY NO.						
19.			Mrs.	Dorothy	Jarvi	s 170	A BENEFIT	nderville
DISEASES OR CONDI RISE TO THE ABOVE C UNDERLYING COND OTHER SIGNIFICANT CO	TIONS, IF ANY, GIVING AUSE (A) STATING THI ITION LAST.	(C)	R AS A CONSI	QUENCE OF:				
DISEASE OF CONDITION	OT RELATED TO THE TERM N GIVEN IN PART 1 (A	AINAL 						
20A. DATE OF OPERATION	ON 20B. CONDITION	FOR WHICH OPERATION V	VAS PERFOR	MED			21. AUTO	PSY? (Yes or No)
								Ma
22A. EXTERNAL CAUS	E WAS	22B. PLACE OF INJURY (e.g.	, in or about	22C. WHERE DID	(If in Baltima	re City, give exc	act location)	No
UNDERLYING OR CO		home, farm, factory, street, affi	ice bldg., etc.)	INJURY OCCUR?			·	
UTING CAUSE OF DI		r) 22E.1NJURY OCCURRED		22F. HOW DID IN	IIIIDV OCCI	102		
OF INJURY	(Day) (Year) (Ha	*	T WHILE	ZZF. HOW DID IN	NJORT OCC	JKI		
(APPROX.)			WORK					
23.								
I certify that I	held an Inquiry	Inspectia A	utapsy	and that an	this basis,	death in my	apinian	
resulted fram:	Natural causes	Accident Suici	ide H	amicide 🗌	Undetermi	ned manner		
/	7			CHIEF MEDICAL				
ACTUAL	12111	V 1.8	400			XX		DATE SIGNED
SIGNATURE_	001	and a	D. ASS	ISTANT MEDICAL	EXAMINEK	[23kz		
EXAMINER'S			ASS	OCIATE MEDICAL	EXAMINER			
NAME (Type)		Cornblum, M.D.					16, 19	
24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY	Y ar CREMAT	ORY 24D	LOCATION	(City, tow	n, or county) (State)
Burial	6_10 60	Dalhimana	Mat 13	0	Della	,	24.	1 2
SA. DATE REC'D BY HEALTH	6-19-68	Baltimore		Cem.	Balt	imore,	DDRESS	Tand
JUN 2	0 1968	St & TWOM	h o M	ORTON &	DYETT			Laurens

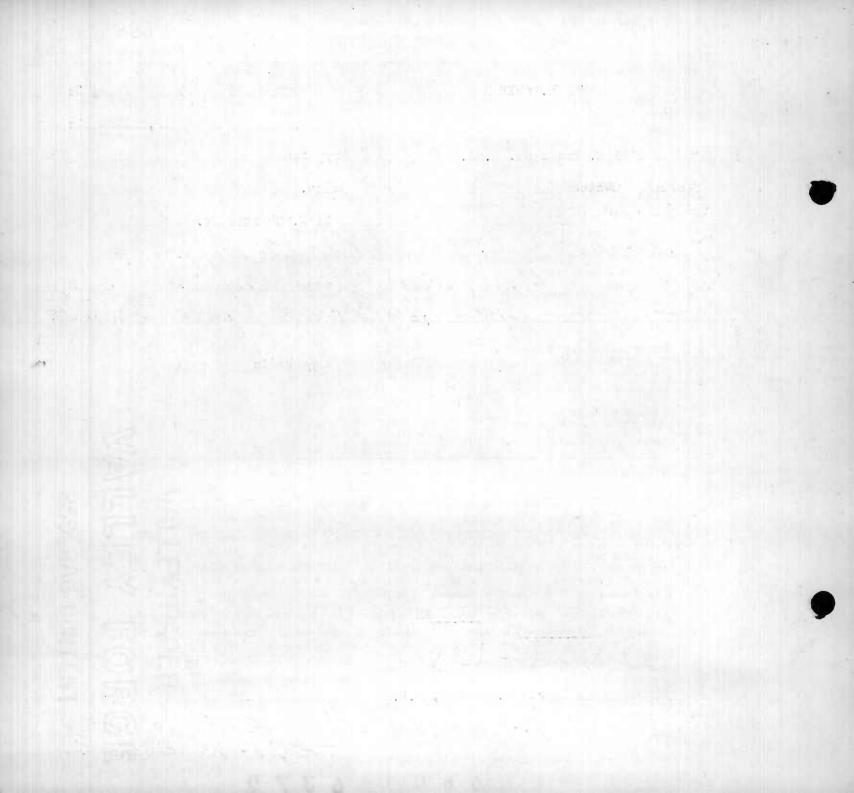
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VS 151-REV. 1/1/68

68- 6381 BALLIMORE CIT HE	h	8- 6381
MEDICAL EXAMINER'S C	LEKTIFICATE OF DEATH REG. NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE Known A Month Doy	Year Hour
EMMA F SPIKER 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted 6 19	68 2:10 рм.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	Yeor Hour
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	June 19.	1968 2:10 рм
	5. USUAL RESIDENCE (Where deceosed lived, If institution A. STATE B. COUNTY	residence before odmission)
1303 N. Ensor St. D.OA.	Maryland	6-03
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	A LIWILZA
Female White WIDOWED DIVORCED 9. DATE OF BIRTH 10. AGE (In yeors # Under 1 Yr. If Under 24 Hrs.	Balto. YE	S NO L
lost birthdoy) Months, Doys, Hours, Min.	E. STREET AND INOMBER	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	21 N. Chester St.	
WHAT COUNTRY?	112.10	
14A.USNAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	VIS. MOTHER'S MAIDEN NAME	
done du ing most of working life, even if retired)	0. 6	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or dotes of service) SECURITY NO.	18 NEGRMANT AM	BRESSO A C
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Phanletto Telasue.	1931-64 10 M
19. CAUSE OF DEA	TH	APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE T.eukemia	
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No)
		No
UINDEDIVING TOP CONTRIB. home, form, foctory, street, office	in or about 22C. WHERE DID (If in Boltimore City, give exact bldg., etc.)	1
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) WHILE AT NOT AT W	WHILE ORK	
23.		
	topsy ond that an this basis, deoth in my	
resulted from: Natural couses XX Accident Suicid		
ACTUAL CARREST TO A TO	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D	ASSISTANT MEDICAL EXAMINER XX	
NAME (Type) Edward F. Wilson, M.D.	ASSOCIATE MEDICAL EXAMINER	June 19, 196
24A. BURIAL CREMATION, 24B. DATE , 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, fown	
REMOVAL (Specify)	(1) E. 10.	(Balley)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR.	25C FUNERAL DURICTOR A	DRESS
JUN 20 1968 (2. Cab E. Faller M.	Tituster - 1930 Ein	Torse Class.

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Mare white white Strength Comments Harven U. T. S.

Cotto Strippy, Se. August France

Cotto Strippy, Se. August France

Cotto Strippy, Se. August France

D-463

68- 6383 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH ...

68-	6383	3

BIRTH NO.	MEDICA	L LAMINALICO V	CERTIFIC	AILOI	DLAII	REG. NO)	
1. NAME OF DECEASED			2. DATE	Known 🕅	Month	Doy	Yeor	Hour
JOSEPH	GEORGE	DILLARD	OF DEATH	Estimoted	June	18,	1968	4:45 A
4. PLACE IN BALTIMORE, MA	141-11		3. DATE		Month	Doy	Yeor	Hour TW.
FULL NAME OF (IF NO	TIN HOSPITAL OR IN	STITUTION, GIVE STREET	PRONOUP	NCED DEAD	June	18.	1968	4:35 A.M.
HOSPITAL ADDRE	SS OR LOCATION)		5 IISHAI RES	IDENCE (Where				
00			A. STATE	NOLITE (MIETE		COUNTY	on. residence	
4200 block B			Mary1		17		1-0	2/
6. SEX 7. RACE		RIED NEVER MARRIED	C. CITY OR T		1	STANDE!	EITY LIMITS?	,
male whit	e wido	WED DIVORCED	Balti				YES X	NO .
9. DATE OF BIRTH	10. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys: Hours: Min.	E. STREET AN	ND NUMBER				
7-18-1943	24	This is a second of the second	4001	Southern	Avenue			
11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF	13. FATHER'S	NAME				
MARYLAND		WHAT COUNTRY?	E	DWARD	L	DILL	ARD.	
14A.USUAL OCCUPATION (Giv								
done during most of working life, ev	en if retired)		0		-	110.	LDSON	
HTTENDANT		SOLINE STA.	18. INFORMA	THERIN	6 6		ADDRESS	
(Yes, no or unknown) (If yes, give			CIL DO	. 0	J. 100		ADDRESS	O There
No	edilibis		Mr. Col	D prom	· Thirty	and-	4001	Souther
19.5 816.9		CAUSE OF DEA	тн (PPROXIMATE INTERVAL VEEN ONSET AND DEATH
DISEASE OR COND	ITION DIRECTLY	Multiple	Tniunic					
LEADING TO	DEATH	(A)IMMEDIATE	e Injurie	: 5				
(This does not meon the		DUF TO, OR	AS A CONSEQUI	ENCE OF:			ne men regardight digen and we described the self-refer than the self-refer than the	* *** ** ** ** ** ** ** ** ** ** ** ****
heart failure, asthenia, etc injury or complication whi	ch coused deoth.)							
ANTECEDENT		(B)	AS A CONSEQU	IENCE OF:				
RISE TO THE ABOVE CA	USE (A) STATING TH		AS A CONSEQU	DENCE OF.				
2 UNDERLYING CONDIT	ION LAST.	(c)						
PE 821.4	11							
OTHER SIGNIFICANT COL								
DISEASE OR CONDITION								
OTHER SIGNIFICANT COL TO THE DEATH BUT NOT DISEASE OR CONDITION 20 A. DATE OF OPERATION	V 208. CONDITION	FOR WHICH OPERATION W	AS PERFORME	D			21. AUTC	OPSY? (Yes or No)
00								No
22A. EXTERNAL CAUSE		22B.PLACE OF INJURY (e.g., home, form, foctory, street, office	in or obout 220	C. WHERE DID (If in Boltimore	Çity, giye e	xoct locotion).	
UNDERLYING NOR CON		home, form, foctory, street, office street						7 7 000 11
		ur) 22E.INJURY OCCURRED	22	South of	Parksic	le Dri	ve.	went out
OF INJURY		. WHILE AT NO	WHILE	E	auch.	moto	rcycle	went out
(APPROX.) 6/18/	68 4:35	Am. WORK AT V	VORK LALO	control	- sub	, str	uck a 1	Light pole
	ald a law too	Inspection X Au	🗆		te beets of			
I certify that I h			otopsy 🔲	ond that an th				
resulted from: N	lotural causes	Accident X Suici			Undeterming			
1100			CI	HIEF MEDICAL E	XAMINER L	_		DATE SIGNED
ACTUAL SIGNATURE	112/10	M.I	ASSIST	ANT MEDICAL E	XAMINER P			
	Jornor II			TATE MEDICAL E	XAMINER [6/18/68
NAME (Type)	lerner U. S							
	24B. DATE	24C. NAME of CEMETERY	or CREMATOR	Y 24D.	LOCATION	(City, te	wn, or county) (Stote)
REMOVAL (Specify)	6-21-68	CEDAR HIL	L CEM		BALT	0	MD.	
25A. DATE REC'D BY HEALTH	T.	NAME OF REGISTRAR		JNERAL DIRECTO		1/	ADDRESS	
ZOM. DATE REC D DI HEALIN		TABLE OF REGISTRAR	230.70	THE DIRECTO	11	- \- :	1 10	1-
JUN 2	0 1968 12	Do to E starley	10/0	Marshel	Alyle Ch	5331	Willo	The work
VS 151-REV. 1/1/68	Del Goldon	7 0 0 0	9 6	20	ì		111111	V

HITELDONET GASSONS STA

Burging

CHINESPEE E. HOLDER

1-21-68 CEDIN HILL CEM BALLED, Ms.

All resident to the Market of

VS 150-REV. 1/1/6B

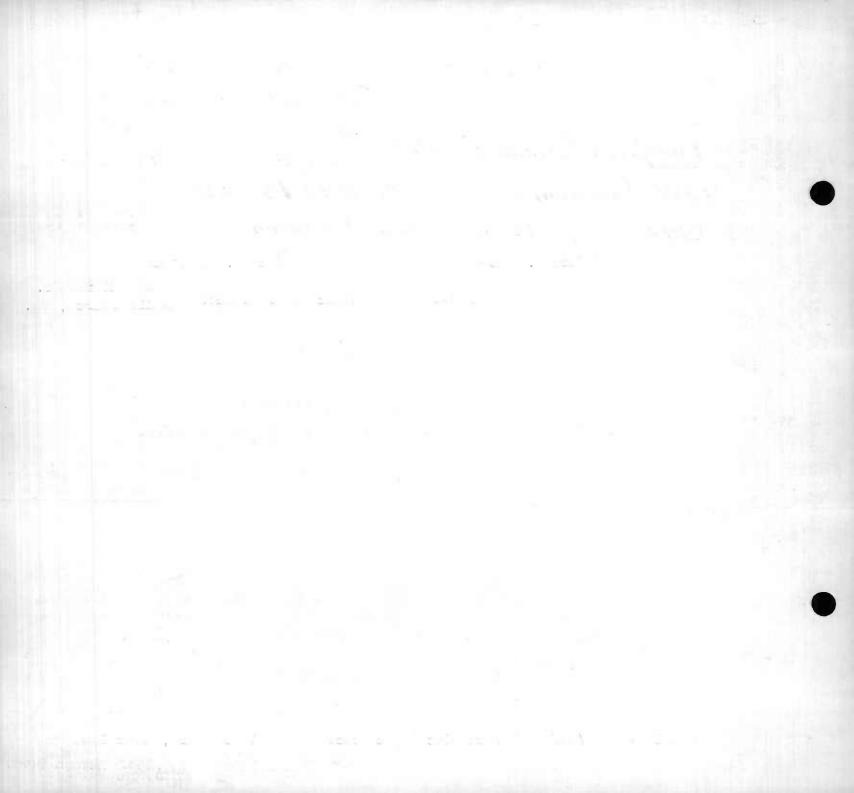
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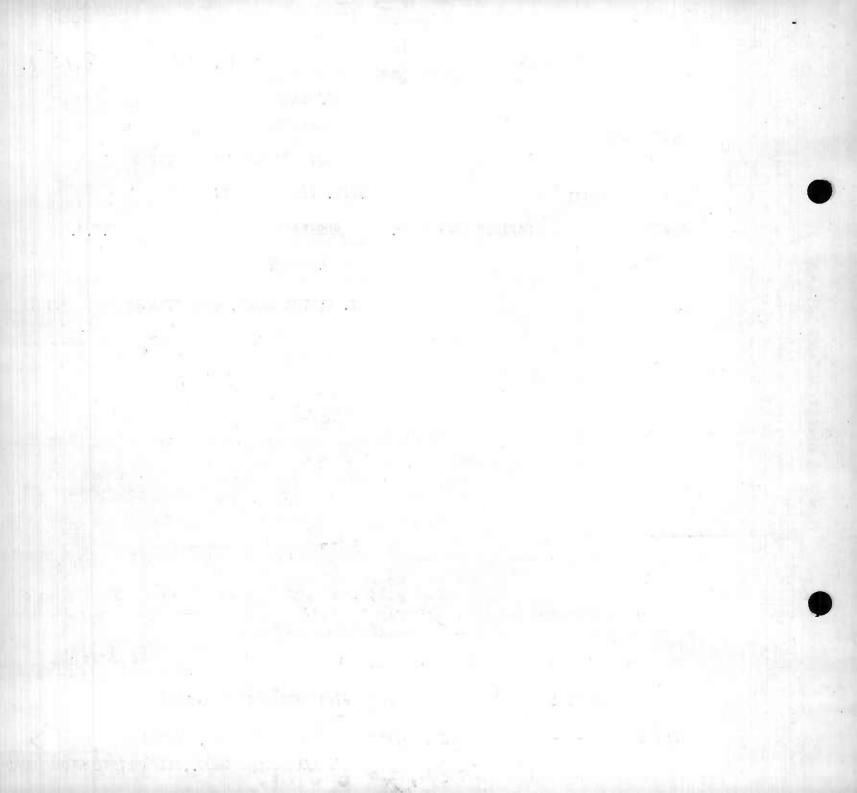
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VS 150-REV. 1/1/6B

VS 150-REV. 1/1/68



T	2 11-			BALTIMORE CITY	HEALTH	DEPARTMENT		00	0200	
	3-42	-0	R- 6	389 CERTIFICA	TE O	F DEATH	REG. NO	0.0	- 6389	-
	AME OF DECE						D HOUR OF DEATH			_
Тур	e or Print)	MILTON BLA				JUNE	18, 1968		8:45 A.	Λ.
3. F	PLACE IN BALT	IMORE, MARYLAND, W	HERE PRO	NOUNCED DEAD	A. STAT	L RESIDENCE (Where B. COUNT		nstitution: 1	residence before admission)
HO	LL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR IN ATION)	STITUTION, GIVE STREET	C. CITY	ARYLAND OR TOWN	D. INS	IDE CITY L		_
	4007 P	INKNEY ROAD				ALTIMORE		YES 🔼	№ Ц	_
C	50	indice to to			1 1 1 1 1 1 1	OOT PINKNEY	ROAD #21	215		
. S	EX	6. RACE	7. MADD	IED X NEVER MARRIED	-	OF BIRTH 9	. AGE (In years	If Unde	er 1 Yr. , If Under 24 Hrs	
	MALE	WHITE	WIDOV	VED DIVORCED		. 1896	ost birthdoy) 71		Doys Hours Min.	
		PATION (Give kind of work rorking fife, even if retired)	KIOB, KINE	OF BUSINESS OR INDUSTRY	11. BIRTH	IPLACE (State or foreig	gn country)	12. CITI	IZEN OF WHAT COUNTR	1?
	BAKER		PARIS	ER BAKING CO.		USSIA			U.S.A.	
3.	FATHER'S NAN	A E			14. MOT	HER'S MAIDEN NAM	\E			
	UNKNOWN	1				UNKNOWN				
5. Yes	Wos Deceosed	Ever in U. S. Armed For	ces? es of servi	1 6. SOCIAL SECURITY NO.	17. INFO	RMANT		W.	ADDRESS	_
	NO				IRS :	BERTHA BLACE	K 4007 PTN	IKNEV	ROAD #21215	
	1B. , C	V		CAUSE OF DEATH		DERTIN DERTO	7007 1210	7	APPROXIMATE INTERVAL	
	DISEAS	E OR CONDITION DI	RECTLY	CALLO	A -	1 = 1 4	- + + -	4	BETWEEN ONSET AND DEAT	1
		LEADING TO DEATH		(A) IMMEDIATE CAU	SE 7	prostate.	perasta	lee	6 months	
		ol mean the mode of		e.g., DUE TO, OR AS		UENCE OF:				
		asthenia, etc. II means plication which caused		ase,						
		NTECEDENT CAUSES			2	~				
				(B)	A CONSI	OUENCE OF				
		R CONDITIONS, if above cause (A)			The state of the s					
	UNDERLYING	CONDITION last.	-	(c)						
ATION	TO THE DEATI	II CANT CONDITIONS CO	HE TERMIN		ク	~				
ERTIFICA		OPERATION GIVEN IN PAI OPERATION 19B. CON WAS PER	IDITION F	OR WHICH OPERATION	20 A.	AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS USES OF	CONSIDERED DEATH?	
CER	21A. ACCIDEN	T WAS UNDERLYING	1	21 B. PLACE OF INJURY (e.g., i	n or about	21 C. WHERE DID	(If In Bottimor	re City, giv	ve exact location)	-
AL	OR CONTRIBU	TING CAUSE OF medical examined		home, farm, factory, street, of	fice bldg.	INJURY OCCUR?				
DIC	21 D. TIME	(Month) (Doy) (Year)	(Hour)	21 E. INJURY OCCURRED		21F. HOW DID INJU	JRY OCCUR?			
MEDI	OF INJURY			While At Not While						
	(APPROX.)			Work LA At Work			0			
	22. 1 certify	that (I) (this hospita	I) ottend	ed the deceosed from	rarel	- 15 1	965 to Ju	10	8 1968	. ,
	that (I) (we)	last sow the decease	ed alive	on flire 1	8 19	ond the	ot in (my) (oor) opi	inian dec	oth occurred on the do	te
				0	tau ala					
	23A. SIGNATU		7	e. (1) (We) (did) (did not) v	iew ine	body offer deom.		23 B. DA	TE SIGNED	_
	234. 31014410	I hanne	l/e	m hA AHO	nding [17]		Staff	6/	118/68	
۲	22C BUYSICIA	Me.	7	DEGREE Phys	23D. ADD		Phys. 🖵			_
	PHYSICIAL NAME (T)	pe)								
		MANUEL LEV		DEGREE	61	01 PARK HEI	GHTS AVENUE			
24A	REMOVAL (S	AATION, 248. DATE	240	C. NAME of CEMETERY or CRE	MATORY	24D. LC	CATION (C	ity, town,	or county! (State)	
	BURTAL	6-19-68	PR	OGRESSIVE RUDOMI	ER VE	REIN ROS	EDALE. MARY	LAND		
25A	DATE REC'D	BY HEALTH DEPT 8		ME OF REGISTRAR		FUNERAL DIRECTOR			ADDRESS STERSTOWN ROA	D
15	160 BEN 1/1/	D		6 8 0 0	0	3 ()	5 5105.,001	O NEI	OTCIWITOWN NOT	=
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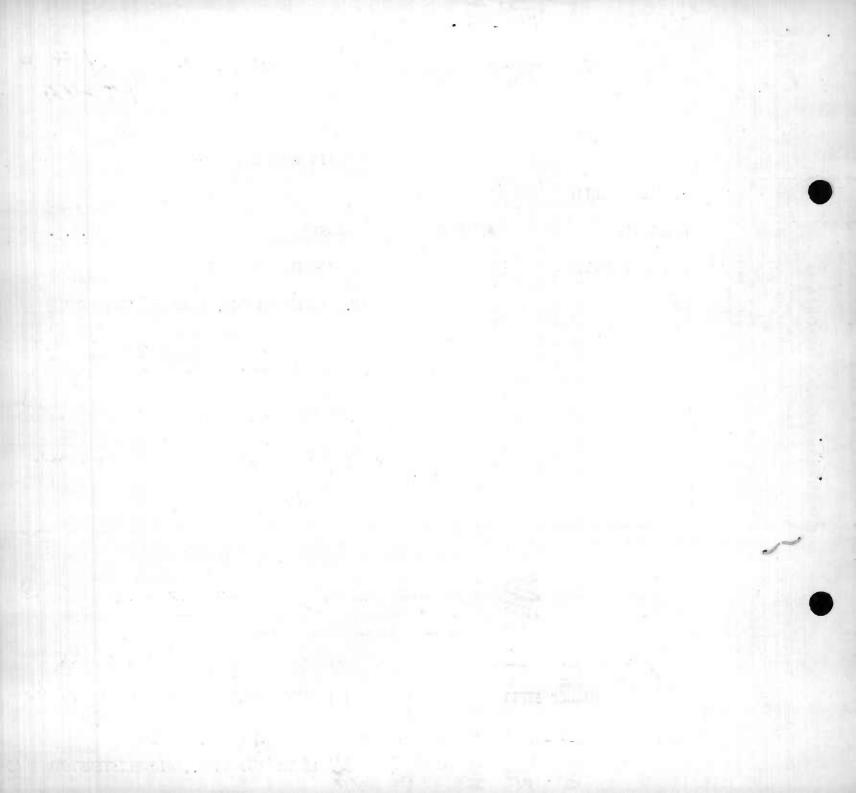


IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH of death cause; (5) Deceased BIRTH NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) ane 18. 1968 Jer death. 4. USUAL RESIDENCE (Where deceosed lived. II 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNGED DEAD attendance cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS? YES V Almar prior contributing STREET AND NUMBER Undetermined amisino is made ar 5. SEX If Under 1 Yr. Months: Doys 6. RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED regul eceased lost birthday WIDOWED DIVORCED temale IOA. USUAL OCCUPATION Give 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) AT HOME Kussia U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 4 EDEL WEISMAN SHANA RIFKA LO 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give war or dates of service) eat 17. INFORMANT 6. SOCIAL or final BERNARD CAPLAN, 3900 GLENGYLE AVENUE SECURITY NO. attendance NO NO CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed of LEADING TO DEATH (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart foilure, osthenio, etc. It meons the diseose, injury or complication which caused death.) em regul ANTECEDENT CAUSES (B)
DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, giving to the obove cause (A) stoting the UNDERLYING CONDITION last. remains 20,1 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where hospital °Z DEATH (notify medical examiner) MEDI obtained 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 Not While (except While At (APPROX.) Work At Work 22. I certify that ((1) (this haspital) attended the deceased fram 19 67 to 19 68 and that i (my) (aur) aplalan death accurred an the date that(1) (we) last saw the deceased alive an June 12 hospital and haur and fram the causes stated abave((1), (We) (did) (dld nat) view the bady after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending _ Med. Staff 9 Phys. Director L acci written approval Phys. 0 23C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) deceased shows: TIFERETH ISRAEL 6-19-68 ANSHE SFARD BALTIMORE, MARYLAND BURIAL SD M 25A. DATE REC'D BY HEALTH DEPT, SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD VS 150-REV. 1/1/68

:40 AM.

If Under 24 Hrs.

19.68

NO

Hours

ADDRESS

MANAGER STANDARD STANDARD

BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/6B

D. INSIDE CITY LIMITS? YES -NO If Under 1 Yr. Months: Doys If Under 24 Hrs. Haurs Min. Haurs 12. CITIZEN OF WHAT COUNTRY? 3302 FERNDALE AVENUE **E**21207 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (my) (ove) opinion death occurred on the date 23B, DATE SIGNED (City, town, or county) (Stote) ADDRESS BROS., 6010 REISTERSTOWN ROAD



8-600

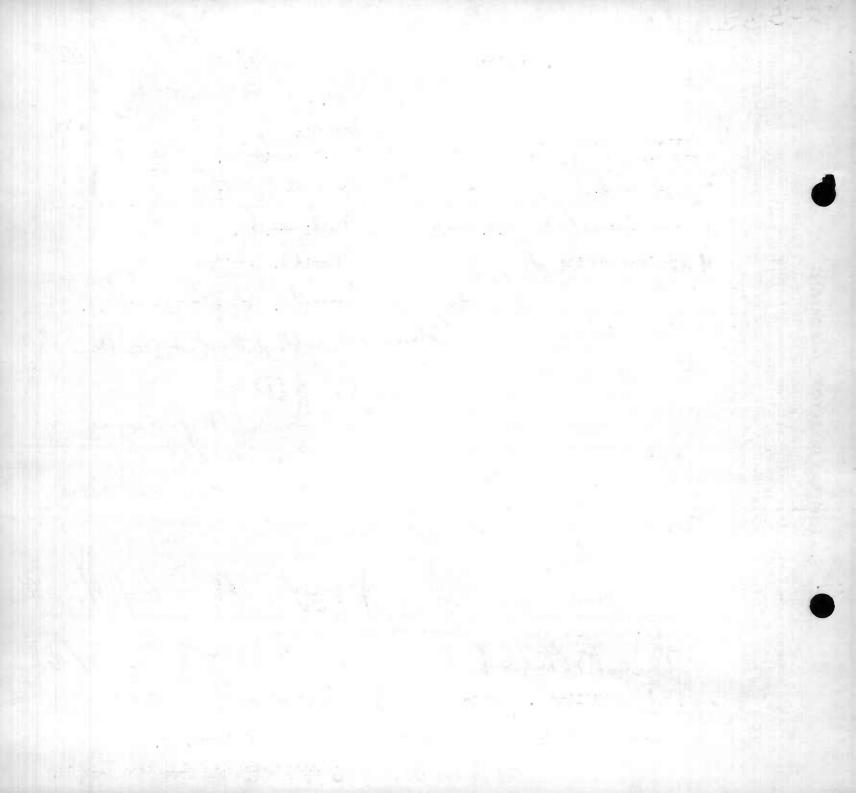
68- 6393 BALTIMORE CITY HEALTH DEPARTMENT

		M	EDICAL		MINER'S			F DEAT	H 6	8 6	6393
BIR	TH NO.								REG. NO.		
	NAME OF DEC	CEASED				2. DATE OF	Known 🙀	Month	Doy	Yeor	Hour
ELLWOOD J. BAUER 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						DEATH	_ Estimated L	- 0 -	19	68 Yeor	12:07 ₽
						3. DATE	JNCED DEAD	Month	Doy	Yeor	Hour
HO	L NAME OF SPITAL INSTITUTION	(IF NOT IN HO: ADDRESS OR L	OCATION)	111011014, 01	VE SIKEE!	S. USUAL R		June ere deceosed liv			2 12:07 p.m. pefore odmission)
0 0 2214 Eagle St.						A. STATE	Mary	land	B. COUNTY	20-	-05
6.	SEX 7. RACE B. MARRIED NEVER MARRIED				C. CITY OR			D. INSIDE CI	Y LIMITS?		
	Male	White	WIDOV		DIVORCED	Ba1	to.		YE	sП	NO 🗆
9. 1	DATE OF BIRT		E (In years	If Under 1 Y	r. If Under 24 Hrs.	II .	AND NUMBER		, -		
1	44410	1923 lost bir	thdoy) 45	Months Do	ys , Hours , Min.		2214 1	Eagle St			
No.		State or foreign count		12. CITIZEN	N OF	13. FATHER		Jugic Di	•		
	/	YARYLA	tald	WHAT	QUNTRY?	11 =	- NRVI	4660	+	RAI	YER
144	USUAL OCCU	IPATION (Give kind of	-	OF BUSIN	ESS OR INDUSTR	Y IS. MOTHE	R'S MAIDEN N		1		70.
don	e dong most of	working life, even if reti	ed)	4	14.		. /	11	PIE	4=	TT
16	WAS DEFEAS	ED EVER IN U.S. AR		171E1	ght ing	IB. INFOR	MANT	1-1-11	AL	DRESS	//
(Ye	s, no or unknown	(If yes, give wor or d	otes of service) SI	ECURITY NO."			Rans	7 77	1.1 =	-anl- ct
-	19	15 X		213	CAUSE OF DEA		NA M.	BAUE	7 22	AP	PROXIMATE INTERVAL
	DISEAS	E OR CONDITION	IRECTLY								
		LEADING TO DEATH			(A)IMMEDIATE	CAUSE Gui	nshot wou	ind of t	he brain	n	
	heort foilure	not meon the mode of e, osthenio, etc. It meon mplication which couse	s the diseose,		DUE TO, OR	AS A CONSEC	UENCE OF:				
ERTIFICATION	DISEASES RISE TO TH UNDERLYII OTHER SIGN	NTECEDENT CAUSE: OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LA II VIFICANT CONDITION	ANY, GIVING STATING THE ST.	IING	(B)	AS A CONSE	QUENCE OF:				
문		ATH BUT NOT RELATE R CONDITION GIVEN									
FR	20A. DATE O	F OPERATION 20B.	CONDITION	FOR WHICH	H OPERATION W	AS PERFORA	MED			21. AUTO	PSY? (Yes or No)
Ιō	0									N	lo
Ι₹		NAL CAUSE WAS		22B. PLACE	OF INJURY (e.g. foctory, street, offi	in or obout	2C. WHERE DI	O (If in Boltimo	re City, give exo	ct locotion)	
BC		GEOR CONTRIB-		home, torm,	Home	ce bldg., etc.)	2214 Eag	le St.	(Basemer	nt)	
Σ	22D. TIME		(Yeor) (Hou	r) 22E.INJ	URY OCCURRED		22F. HOW DID	INJURY OCC	UR?		
1	(APPROX.)	6 19	68 11:4	Ora WHILE A	NO NO AT V	WHILE TO	Subject s	hot him	self	- 123	
	23.			_							
	cer	tify that I held an	Inquiry	Insp	ection XX A			this basis,	death in my	apinian	
Н	resul	ted from: Natural	causes	Accide	nt Suici	de KAK H	omicide		ned manner L		
	4.67.14	41	1 11	1.11	0		CHIEF MEDICA				DATE SIGNED
1	SIGNAT	V/N A.~~/	3	1000	Jr M.I	D. ASS	ISTANT MEDICA	L EXAMINER	xx		
	EXAMIN	VER'S	Ч			ASSO	CIATE MEDICA	LEXAMINER			
-	NAME (Type) Edy	vard F.	Wilson	n, M.D.		- 0.0	- 100175		19,	
	A. BURIAL CRE		TE	24C. NA	ME of CEMETERY	ar CREMAT	ORY 24	D. LOCATION	(City, towr	n, or county	(Stote)
	BUR	144 6-	22-6	8	NEW C.	Theo	RAL -	Bali	T. Mge	E.	Md.
25	A. DATE REC'D	BY HEALTH DEPT.	25B. N	NAME OF RI	EGISTRAR	asc.	FO. L. SC	hyda E	1440	DDRESS	140-4E
		UN 2 - 1968	5 (1.D.	52.	Jackey M.S.	M	iapeis	H. mes	lev 21	01 1+1	ederch 4
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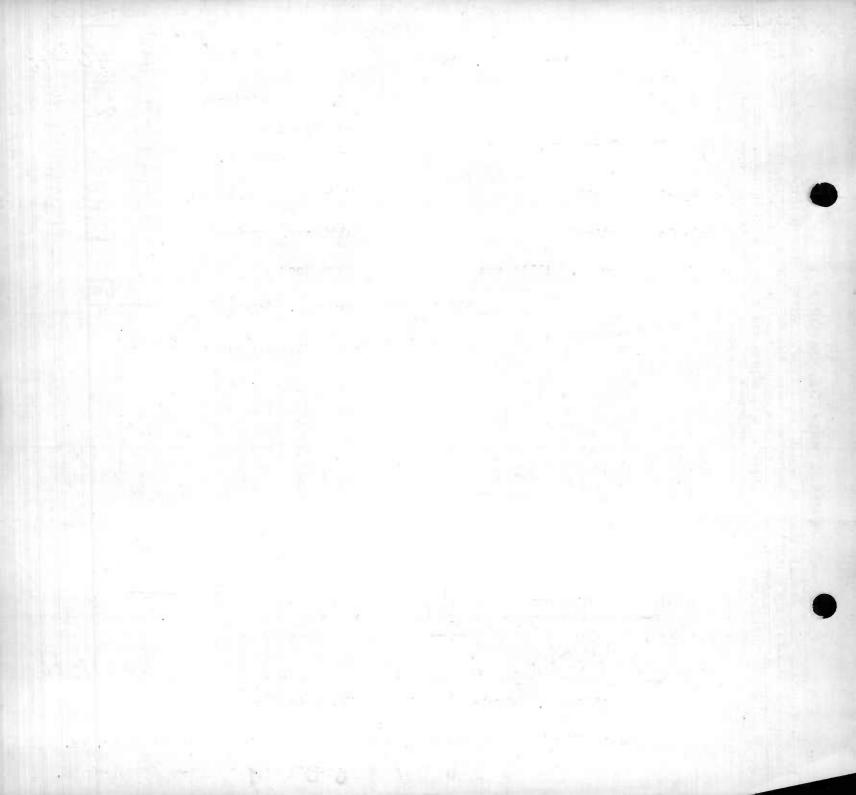
VS 150-REV. 1/1/6B

68	635	BALTIMORE CITY		DEG NIG	i lat man lan 4 4-1/1
BIRTH NO.) 000	CERTIFICA	TE OF DEATH	REG NO.	0004
T.NAME OF DECEASED (Type or Print) Anna T.	Schmitz			AND HOUR OF DEATH	130P
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If i	institution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCALINSTITUTION	AL OR INSTITU	JTION, GIVE STREET	Md.	15 1 JE	SIDE CITY LIMITS?
INSTITUTION			Anneslie		YES NO X
Hillcrest Nursing Ho	me		E. STREET AND NUMBE		
212 Stoney Run Lane			701 Dunk		
Female White	7. MARRIED WIDOWED	NEVER MARRIED X	2/19/1887	9. AGE (In years lost birthdoy) 81	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min,
OA. USUAL OCCUPATION (Give kind of work lone during most of working lile, even if retired) Clerk retired		BUSINESS OR INDUSTRY Gov. t	Baltimore		12, CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME	0,0,	400,0	14. MOTHER'S MAIDEN		
Throdore Schmitz			Marie A.	Cassidv	
5. Was Deceased Ever in U. S. Armed Fore	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		577 62 3390	William F.	Coleman 701	Dunkirk Rd
heart failure, asthenia, etc. It means injury ar camplication which caused ANTECEDENT CAUSES	death.)	(B)	A CONSEQUENCE OF:		
injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last.	death.) any, giving stating the	(B)	A CONSEQUENCE OF:		
injury or camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION tost.	death.) any, giving stating the NTRIBUTING HE TERMINAL	(B)			
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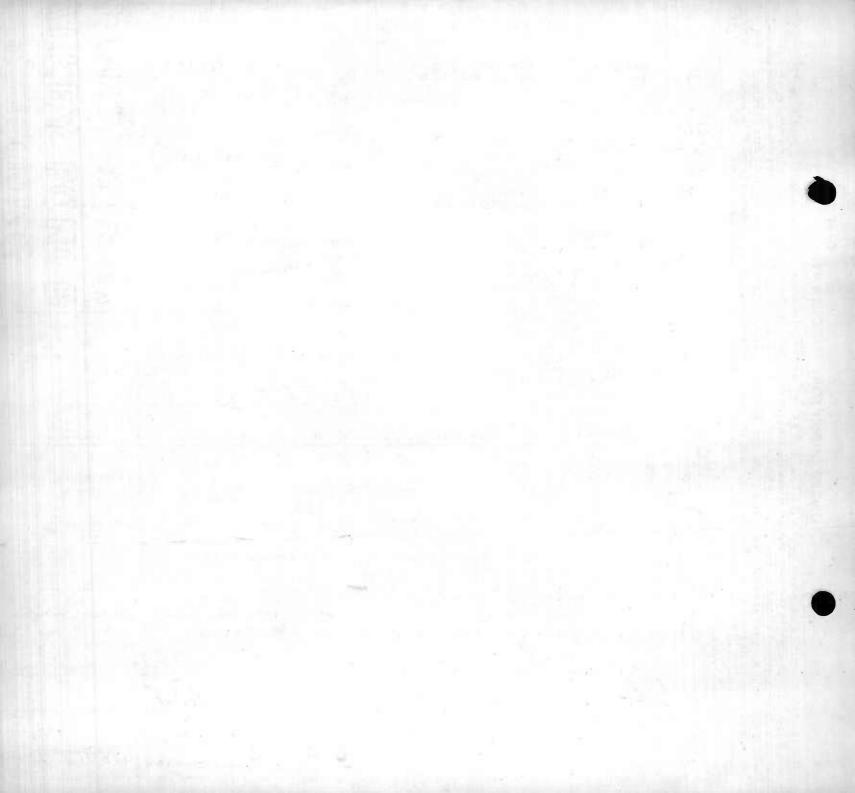
m	-263	CEDITIEICATE OF DEATH REG. NO. 05- 6395
	sed the uch	BIRTH NO. CERTIFICATE OF DEATH
	f de ecea on h. S	1. NAME OF DECEASED (Type or Print) C. CARY C. LACY S. PLACE IN BALTIMORE, MARYLAND, WHORE PRONOUNCED DEAD 4. USUAL RESIDENCE/Where deceased lived. If institution: residence before odmission) A. STATE B. COUNTY
	a nospi tause o se; (5) D indance to deat	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MODEL OR INSTITUTION D. INSIDE CHY LIMITS? C. CITY OR JOWN D. INSIDE CHY LIMITS?
	outing ced causs ar atte prior de.	Union Menorial Hospital 636 Cokesting allone
•	occur ontrib ermin regul eased is ma	S. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years light birthday) 12. CITIZEN OF WHAT COUNTRY?
	rect or c (4) Undet was in the dec	13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME
TANT	the dire the dire kind; (4 death nce on t	15. Was Decensed Ever in U. S. Armed (Forces? (Yes, no or unknown) (If yes, give wor or doles of prvice) 16. SOCIAL SECURITYNO.
MPOR	lso, if of any of any unced thenda	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE & CAGSTILL WERE TO THE PROPERTY CAUSE OF DEATH
OR:	iner A iner. A racture prono gular a embalm	(This does not meon the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES
IRECT	st. examist. (3) A fraid who ian who is in regimes in sare e	DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. (B) DUE TO, OR AS A CONSEQUENCE OF: (C) ARCINO NA GO HAPPING
ERAL D	medica medica y burns; physici ian was e remai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
UNE	l by a (2) Body re the physicifore th	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
	spita ure; whe s) No ed be	OR GONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	proved the ho iny nat except and ((While At Work 22. I certify that (4) (this hospital) attended the deceased from 19 8 to 19 8 to
	eased to eased to ident of a hospital (b death);	that (I) (we) last saw the deceased alive an
	e mus relea accide t a ho or to d	Attending Med. Staff Director Dir
	certificate m sody was reli rs: (1) An acc D.O.A. at a f ased prior to	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	the body shows: (1) was D.O. deceased written a	Burial 6-20-68 Long Green Hyde, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS. Wilchell-Wasdeleld Home 65 or Youk?
		VS 1S0-REV, 1/1/6B

12/5/20 197755 in born I Comment of Mysphages Dennet Complete the Comment



FUNERAL DIRECTOR: IMPORTANT

		68.	- 630	CERTIFICA	TE OF DEATH	REG. NO.	
	TH NO.		000	CERTIFICA	TE OF DEATH	1	
	De ar Print)	EASED				AND HOUR OF DEA	
1199	R	YBIN Q.	LABO	VITZ		MNE 7,196	
3. P		TIMORE, MARYLAND, V			4. USUAL RESIDENCE (A. STATE 8. C	Where deceased lived, 1 OUNTY	f institution: residence before admission
HO	LL NAME OF	(IF NOT IN HOSPIT	TAL OR INSTITATION	TUTION, GIVE STREET	MD	- Ither	
INS	NOITUTION				C. CITY OR TOWN	D. 1	NSIDE CITY LIMITS?
0		ARDEN T	ROAD		E. STREET AND NUMBE	R	YES NO NO
0	4419	UKDE	1 (0 1(5)		4	RDEN RD	
S. SI	EX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 H
	M	W	WIDOWED	= =	1/24/190	7 (6)	Months Doys Hours Min.
			k 108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of	foreign cauntry)	12. CITIZEN OF WHAT COUNT
done)	working life, even if retired)			Map	LYLAUD	usa
13. [FATHER'S NA	SIACE			14. MOTHER'S MAIDEN		9300
	1				0		
16 5	JAC		2	1/ 000141	126BE	CCA	ADDOCCO
(Yes	s, no oi unknown	Ever in U. S. Armed Fo (If yes, give wor or dote	es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO			215-07-0618			SAME
	18.410	.9		CAUSE OF DEAT	TH .		APPROXIMATE INTERVA
	DISEAS	SE OR CONDITION DI					
		LEADING TO DEATH		(A) IMMEDIATE CAL	USE Cereno	21/	
		nal mean the mode of asthenio, etc. Il means		DUE TO, OR AS	A CONSEQUENCE OF:		
	milary or con	nplication which caused	d death.)		0	0-	
		ANTECEDENT CAUSES			ASC	97	
			S		A CONSEQUENCE OF:	SD	
	DISEASES C	ANTECEDENT CAUSES OR CONDITIONS, if e obave couse (A)	S any, giving	(B)	S A CONSEQUENCE OF:	SD	
	DISEASES Cuise to the	ANTECEDENT CAUSES	S any, giving	(B)	S A CONSEQUENCE OF:	92	
Z	DISEASES CONTRACTOR IN CONTRAC	ANTECEDENT CAUSES DR CONDITIONS, if e obave couse (A) G CONDITION lost.	ony, giving stating the	(B)	A CONSEQUENCE OF:	90	
F	DISEASES C nise to the UNDERLYING OTHER SIGNIF TO THE DEAT	ANTECEDENT CAUSES OR CONDITIONS, if or obove couse (A) G CONDITION lost. II FICANT CONDITIONS CO	ony, giving stating the STATE	(B)	A CONSEQUENCE OF:	9D	
CATIC	DISEASES C iise to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR C	ANTECEDENT CAUSES DR CONDITIONS, if e obave couse (A) G CONDITION Iosi. II FICANT CONDITIONS COLOR IN BUT NOT RELATED TO 1 ONDITION GIVEN IN PAI	ony, giving stating the STATE TERMINAL RT 1 (A).	(B)		or Nol 208, IF YES, WE	RE FINDINGS CONSIDERED
ATI	DISEASES C iise to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR C	ANTECEDENT CAUSES OR CONDITIONS, if e obave couse (A) G CONDITION lost. II FICANT CONDITIONS CO TH BUT NOT RELATED IN PAI CONDITION GIVEN IN PAI OPERATION 198. CON	ony, giving stating the STATE TERMINAL RT 1 (A).	(B)	20A. AUTOPSY? (Yes. c	or No. 208. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
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MEDICAL CERTIFICATION	DISEASES CONTROL OF THE DEAT DISEASE OF CONTRIBUTION OF INJURY (APPROX.) 21 A. ACCIDENT OF CONTRIBUTION CONTRIBUTION CONTRIBUTION (APPROX.) 22. I certify that (I) (we) ond haur ond 23 A. SIGNATURE CONTRIBUTION OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if e obave couse (A) G CONDITION Iosl. II FICANT CONDITIONS CO III BUT NOT RELATED TO TO ONDITION GIVEN IN PAI OPERATION 198. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF medicol exominer) (Month) (Doy) (Year) that (1) (this haspital last saw the decease d from the couses sto ORE MATION, 248. DATE Rectify) MATION, 248. DATE Rectify)	ONTRIBUTING THE TERMINAL RT 1 (A). VICTOR (Hour) A stended ded alive an. Stended obove.	(B) DUE TO, OR AS (C) WHICH OPERATION B. PLACE OF INJURY (e.g., me., form, foctory, street, or) E. INJURY OCCURRED hile At Not Whith At Work the deceosed from	20 A. AUTOPSY? (Yes of No. 21 F. HOW DID 19	IN CERTIFYING O (If in Baltin INJURY OCCUR? 19ta d that in(my) (our) of the continuous of t	popinion death occurred on the death occurred occurred on the death occurred occurred on the death occurred occurre
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VS 151-REV. 1/1/68

68- 6398 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAM	MINER'S CE			'H	68- 6398
BIRTH NO.	THE VEIL OF CE		L OI DEA	REG. NO.	30 3000
1. NAME OF DECEASED (Type or Print)	DI About a big 2.	OF ,	wn 🖾 Month	ne 18, 19	Yeor Hour 968 4:42 A _M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE		DEATH ESTI	Month	Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GI ADDRESS OR LOCATION) OR INSLITUTION	VE STREET	PRONOUNCED	June	18, 1968	4:42 A.M.
35 Church Home and Hospital		a. State Marylan		B. COUNTY	sidence before odmission)
6. SEX 7. RACE B. MARRIED NEV	ER MARRIED A	C. CITY OR TOWN		D. INSIDE CITY I	IMITS?
male white WIDOWED	DIVORCED	Baltimo:	re	YES [ON K
lost birthdoy) Months , Do	r. If Under 24 Hrs. E.	STREET AND N			
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEI	V OF	3. FATHER'S NAM	ring Court		
WHAT	COUNTRY?			2	
Baltimore Id. U	S.A.		lo Lombard	.1	
done during most of working life, even if retired)			etta Milio		
		8. INFORMANT	ecca milito	ADDR	ESS Balto.
	CLIDITY NIO		Minnie :1		ino St. 21224,1
19.	CAUSE OF DEATH				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Coronary	Artor: Oc	clusion Com	olicatina	
LEADING TO DEATH	(A)IMMEDIATE CAL	USE	clusion comp	pricating	
(This does not mean the mode of dylng, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)	XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX Periton		
many or completion when course decimy	Tow Ling Gui	misnot woul	nd of the Al	baomen	
ANTECEDENT CAUSES	(B)	A CONSEQUENCE			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	50E 10, 011 A0	A CONSEGUENCE			
UNDERLYING CONDITION LAST.	(c)				
E = 98/X					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH					
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH	OPERATION WAS	PERFORMED		21	. AUTOPSY? (Yes or No)
					Yes
22A. EXTERNAL CAUSE WAS 22B. PLACE UNDERLYING OF CONTRIB-	OF INJURY (e.g., in foctory, street, office b	or obout 22C. WF	IERE DID (If in BoltImo OCCUR?	re City, give exoct lo	cotion)
☐ UTING ☐ CAUSE OF DEATH. ST	reet	328	B Herring Co	ourt	
OF INTURY	URY OCCURRED	22F. HO	W DID INJURY OCC	UR? was sho	t during
(APPROX.) 6/1/68 1:44 A. m. WHILE A WORK	NOT WE	THILE X as	ssault and a	robbery	
23.		[77]			
	-		that an this basis,		nlon
resulted frem: Natural causes Accide	nt Suicide	L Hamicide	Undetermi	ined manner 🛄	
ACTUAL MORNE 16 TO	2		MEDICAL EXAMINER		DATE SIGNED
SIGNATURE SIGNATURE	M.D.	ASSISTANT	MEDICAL EXAMINER		
EXAMINER'S Werner U. Spitz, M.	i.D.	ASSOCIATE	MEDICAL EXAMINER		6/18/68
24A. BURIAL CREMATION, 24B. DATE 24C. NA	ME of CEMETERY or	CREMATORY	24D. LOCATION		
REMOVAL (Specify) Burial 6-20-68 St.	Stanislaus	Cemetery	6515 Bos	ton Ave.,	Balto., 24, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RE		25G. FUNER			BESS Conkling St.
11N 9 1 1068 00 8 0	I I O us	110) (()	Do It	21224.14

testing a later of the state of THE REPORT OF THE PARTY OF THE

1. NAME OF DECEASED (Type or Print) Tather 3. PLACE IN BALTIMORE A		6399 CERTIFICA		ND HOUR OF DEATH	
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	ine Koutz	The state of the s	6-18-		stitution: residence be
	many there	the appropriate against the same regularization and the same of the same and the same same and the same same and the same same and the same same same same same same same sam	A. STATE B. COU	NTY	-07
HOSPITAL OR ADD	OT IN HOSPITAL O	OR INSTITUTION, GIVE STREET	Maryland c. City or town	10 1015	0 2
INSTITUTION				D. INSI	VES NO
90			Balto.		AE2 [K]
Bolton Hill Nu	rsing Cent	er	531 S. Kenwoo	d Ave.	
5. SEX 6. RACE		ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years # 2	If Under 1 Yr. If Months Doys Ho
Female Whi		DOWED DIVORCED	6-8-85	lost birthdoy)	Months Doys Ho
IOA. USUAL OCCUPATION	Give kind of work 10B.	KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WE
done during most of working life,	, even if retired)		Maryland		USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	AAF	UNES
STAINER S NAME			14. MOTHER'S MAIDEN NA	AVVE	
Punte, Will	iam		Wenchel, Ur	known	
15. Was Deceased Ever in U (Yes, no or unknown) (If yes, g	. S. Armed Forces?	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		212-26-4372A			
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7-13-1	16 ELR]	1	M-250 68- 6401 BALTIMORE CIT	TY HEALTH DEPARTMENT
		11	C.FR LIFIC.A	ATE OF DEATH PEG. NO. 68 6401
	and eath ased the Such		RTH NO. NAME OF DECEASED	2, DATE AND HOUR OF DEATH
		(Ty	pe or Print) CL + MEH:	m 6/14/68 9:14 Am
	D 0 5	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased tived. Il institution: residence before admission)
	spiros o			A STATE B. COUNTY
	a hos cause se; (5) endand to de	HC	JLL NAME OF OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	D. INSIDE CITY LIMITS?
	cau cau		altimore City Hospitals	Ba 1+1) YES NO A
			940 Eastern Ave.	E. STREET AND NUMBER
	ting d cau		altimore. Maryland # 21224	37 W. Widhid RD
	but nec		SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24 Hrs.
	occurre ontribut ermined regular sased p		Male White WIDOWED DIVORCED	2-17-32 lost birthdoy) Months Doys Hours Min.
		IOA	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	
	det det	don	ne during most of working life, even if retired)	Marrial and
	disposition	13.	LABORER FATHER'S NAME	Maryland U.S.A. 14. MOTHER'S MAIDEN NAME
	www.		Clarence	
=	dired direction on the dis			Bertha Jones
4	B	15. (Ye:	Wos Deceosed Ever in U. S. Armed Forces? es.no of unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS # 21224
E	ssist the the de nce fina	L	INK 216-28-936	BCH: Records 4940 Eastern Ave. Baltimore, Md.
Ö	# ~ ~ 0 0 .		18. 99 CAUSE OF DEA	
IMPORTANT	his c to, i of an ince end d or		DISEASE OR CONDITION DIRECTLY	
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	alr		(This does not mean the made of dying, e.g., heart foilure, asthenio, etc. It means the disease,	S A CONSEQUENCE OF:
8	e e c d e		injury ar camplication which caused death.)	
2	ELTODO		ANTECEDENT CAUSES	rainoma-3 site 3 mos
S	xa can wh wh		DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	AS A CONSEQUENCE OF:
DIRECTOR	(3) e e e e e e e e e e e e e e e e e e e		rise to the above cause (A) stoting the UNDERLYING CONDITION last. (C)	
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7	died Ys. Y	O	1 / 1 0	
8	med dy bu phy cian	ATIOI	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
UNERAL	a nody ody	TIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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Œ	tal by 2; (2) here No ph befor	C	OP CONTRIBITING CALLSE OF home form factory street	in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
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	D 0 - > TO	MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	0 C 0	>	(APPROX.) While At Not Wh	nile Nile
	by X X E to		22. I certify that (this haspital) attended the deceased from	16/1/ 1968ta 0/14/ 1968.
	app to the fan il (e l); c		that ((we) lost sow the deceased alive on	19 G ond that in(my) (our) opinion death occurred on the date
	007-		ond hour and from the causes stated above. (We) (did) (did nat)	
	ased dent o ospita death		23A, SIGNATURES /	23B. DATE SIGNED
	de d		A	Hending C Med. Staff
	Elacela			23D. ADDRESS
	y was rely 1) An acc A. at a b d prior to	1	23C. PAYSICIAN NAME (Type	Baltimore City Hospitals
	W A		Neil R. Williamson MD. DEGRE	4940 Eastern Ave. Baltimore, Maryland #21224
	certificat body was vs: (1) An D.O.A. at ased pric	244	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY of C	
	This certif the body shows: (1) was D.O. deceased written a	1	CREMATION 6/20/68 LOUDON PAI	RK BALTO. MD. 25C. FUNERAL DIRECTOR ADDRESS J.J. CONNELLY SONS 300 MACE
	10 - 5 10 0 +		A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	This the sho was		JUN 21 1968 Peleut E. Jankeyna	J.G. CONNELLY SONS 300 MACE
		VS	150-REV. 1/1/68	

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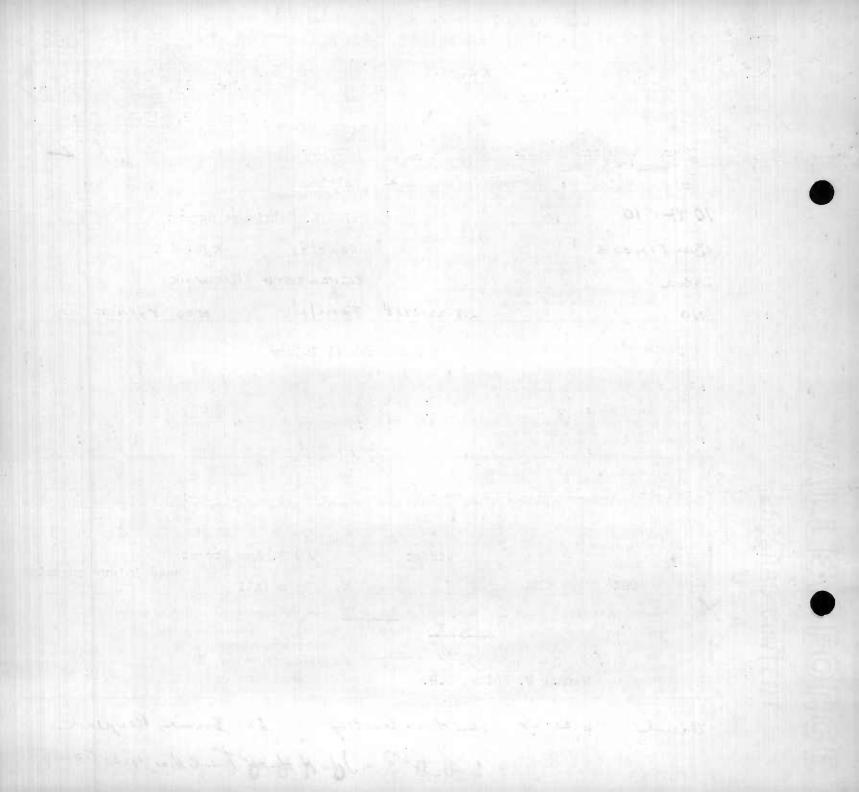
K-622 K-622

VS 151-REV. 1/1/68

68- 6402 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH.
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BIRTH NO.		MED	ICAL	EX	AMINER'S	CERTIFIC	CATE OF	DEAT	H REG. N	68	- 6	402
NAME OF DEC	FASED			200	RCEK	II2. DATE	Known 🕅	Month	Doy	Yeo	, Tu.	
Type or Print) CHARLE		5.			RECK	OF DEATH	Estimoted	June	18,	1968	1	:40 A.
. PLACE IN BAL	TIMORE, MA	RYLAND, V	VHERE PR	ONOU	INCED DEAD	3. DATE		Month	Doy	Yeo	r Hou	r
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	T IN HOSPITA	AL OR INST	10ITUTI1	N, GIVE STREET		INCED DEAD	June	18,	1968		:40 A .M.
3.5						A. STATE	SIDENCE (When		B. COUNT		ce perore	odmission)
Church		nd Hos	pital			Mary				2	-0	6
s. SEX	7. RACE		8. MARR	IED 🗌	NEVER MARRIED	C. CITY OR	TOWN		D. INSID	CITY LIMIT	5?	
male	white		WIDOW	VED 🗌	DIVORCED A	Balt	imore			YES X	NO [
DATE OF BIRTI		10. AGE (er I Yr. If Under 24 Hrs.	E. STREET	ND NUMBER					
10-27-19	In	lost birthdo	у)	Months	Doys Hours Min.	1705	D D-144					
1). BIRTHPLACE (S		1 67		12 CIT	IZEN OF	13. FATHER	E. Balti	Imore S	treet			
_				WH	IAT COUNTRY?							
BALTII	HORE				ISINESS OR INDUSTR	ChA	RLES F	- K	RCE	K		
4A.USUAL OCCU lone during most of v	PATION (Giver vorking life, ex	e kind of work en if retired)	14B. KIND	OF BU	ISINESS OR INDUSTR	Y 15. MOTHE	S MAIDEN NA	ME				
LABOR		,				EE1	ZABETH	BECL	NAIR			
6. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	? 1	7. SOCIAL	18. INFORM	TANT			ADDRESS		
Yes, no or unknown)	(It yes, give	wor or dotes	of service) .	SECURITY NO. 218-22-1433	FAR	11/14		1506	CHPR	ess	ST.
19.	2 - 2 . 3 /				CAUSE OF DEA				000	27/1		AATE INTERVAL
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<u> </u>	NAL CAUSE	WAS		22B.PL	ACE OF INJURY(e.g.,	in or obout 2	2C. WHERE DID	(If in Boltimor	e City, give	exact locotio	Yes	3
UNDERLYING UTING CA	OR CON	ITRIB-		home, f	orm, foctory, street, offic	e bldg., etc.) II	100 S.			2-00		
≥ 22D. TIME OF INJURY	(Month) (I	Doy) (Yeo		. 1	STREET NOT	NAME OF THE PARTY	2F. HOW DID IN	IJURY OCCI	ing	ad inj	ury s	sustaine
(APPROX.)	UNK	U	INK	m. WO		VORK X	by a fa	all				
	ER'S		uses [Acc	Suicio	ASSI	ond that on the control of the contr	Undetermi EXAMINER EXAMINER		er 🗌		: SIGNED /68
24A. BURIAL CREA	MATION,	24B. DATE	IEI		NAME of CEMETERY		24D.	LOCATION	(City,	lown, or coul	nty)	(Stote)
Burnil		6-21-	68	61	lan Heren Ce	metery	6	lan Bo	une	, Mac	dens	
25A. DATE REC'D	JUN 2	1 1968	25B. N	IAME O	F REGISTRAR	25¢. 1	UNERAL DIRECT	OR Fine	e the	ADDRESS	o Pe	unington



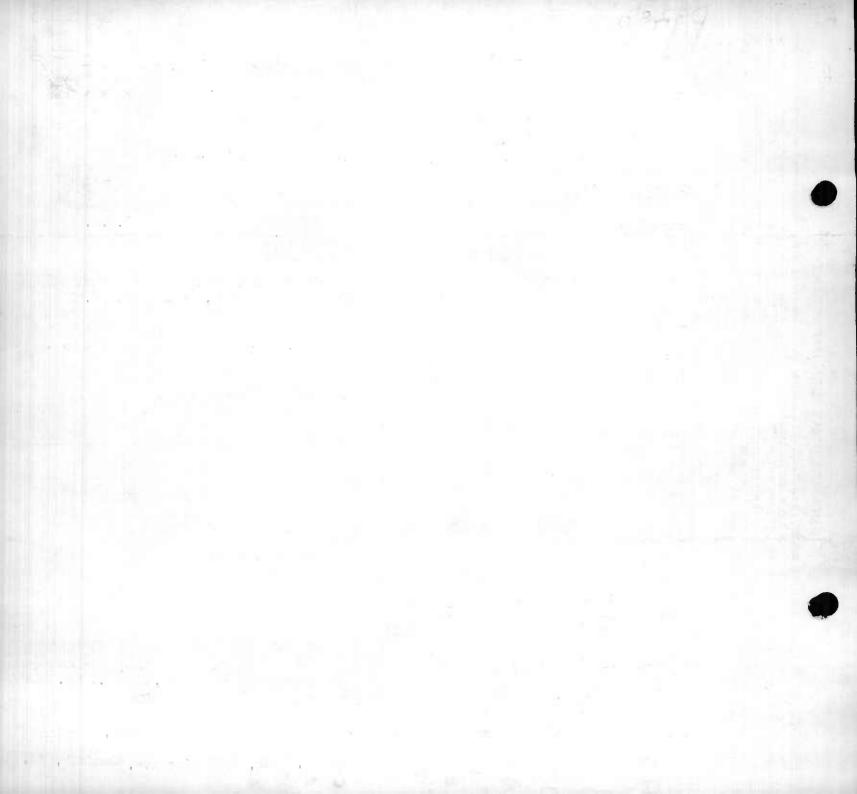
BALTIMORE CITY HEALTH DEPARTMENT

" a discord the same that they the start information of you Frank WHITE 2-19-192- 45 Market with the state of the st John Wattal Ward Orizons 22 22 492

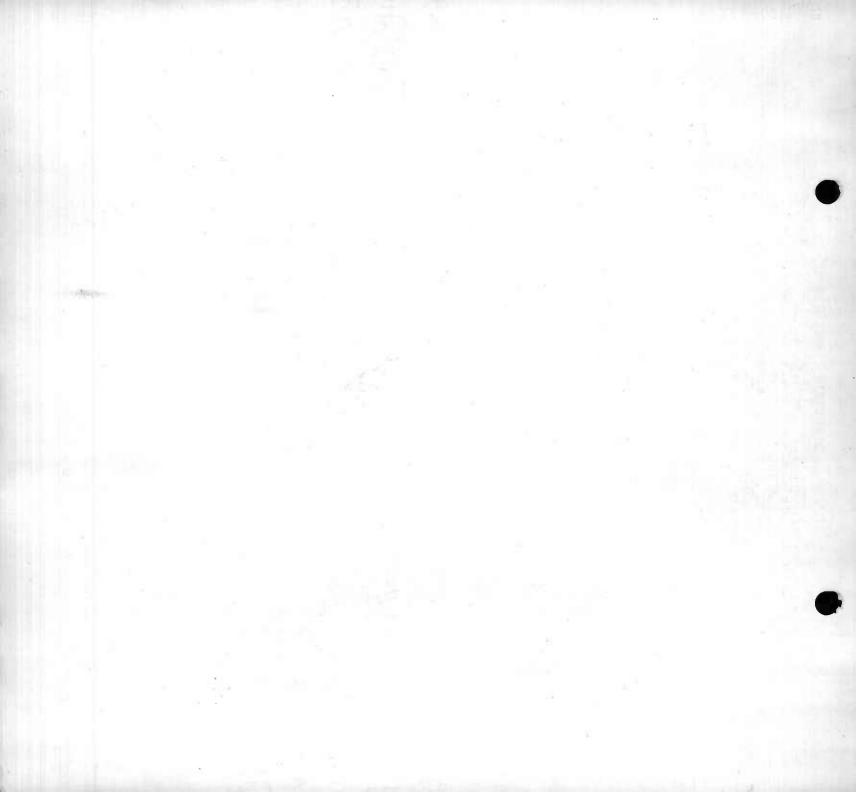
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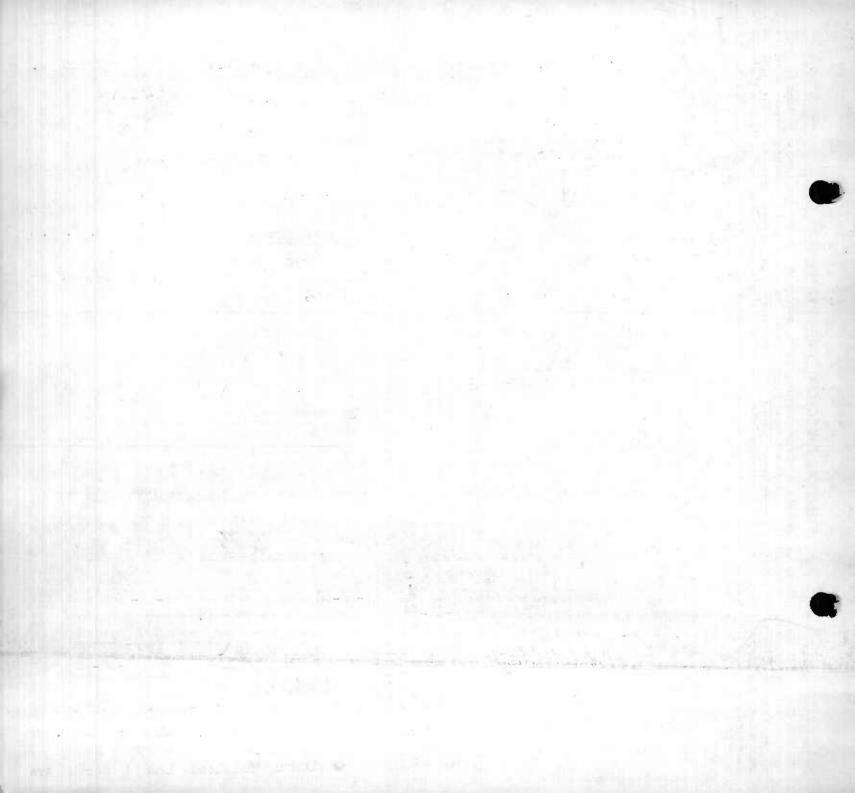
Marchael Carlo 45 see Bergemin offeller and spine of No France 34 June 18

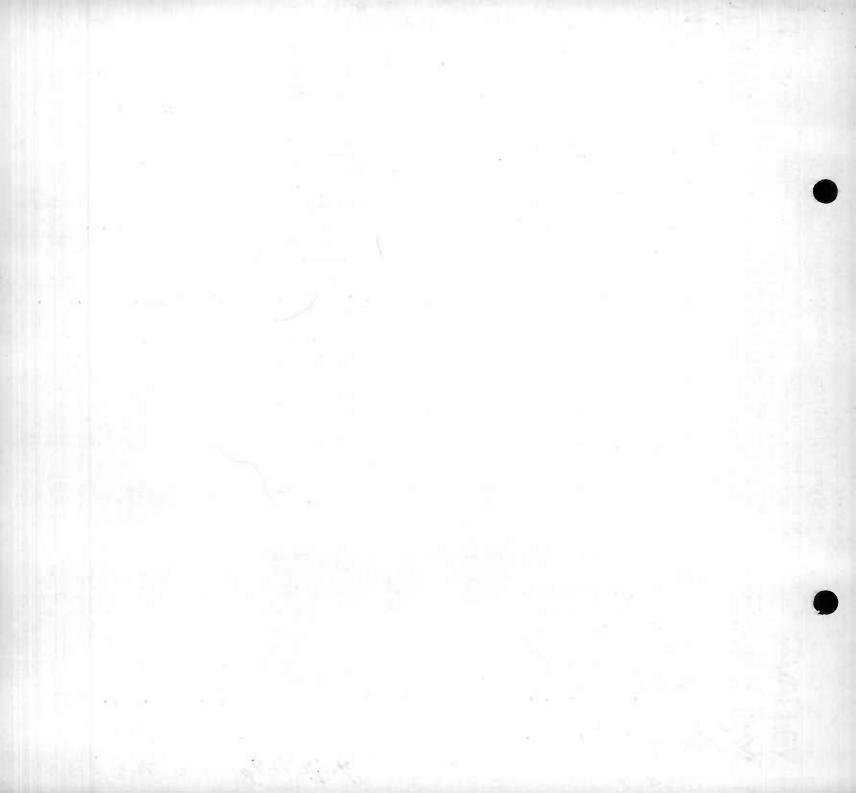


4. USUAL RESIDENCE Where deceased lived, If institution:
A. STATE
B. CDUNTY D. INSIDE CITY LIMITS? YES X NO 21217 If Under 1 Yf. If Under 24 His. Haurs 12. CITIZEN OF WHAT COUNTRY? U.S.A. BALTIMORE CITY HOSPITAADORESS 21224 4940 EASTERN AVENUE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct location) and that in (my) (aur) apintan death occurred on the date 23B. DATE SIGNED BALTIMORE CITY HOSPITAL'S BALTIMORE, MARYLAND (City, town, or county) (State) County ADDRESS Halstead 1206 north VS 150-REV. 1/1/6B

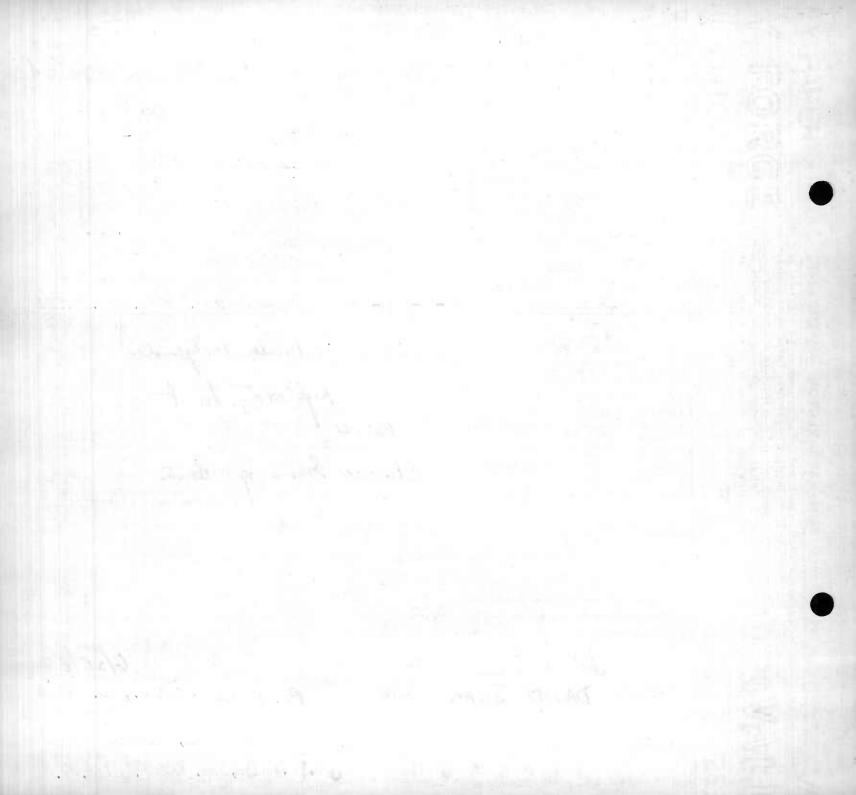


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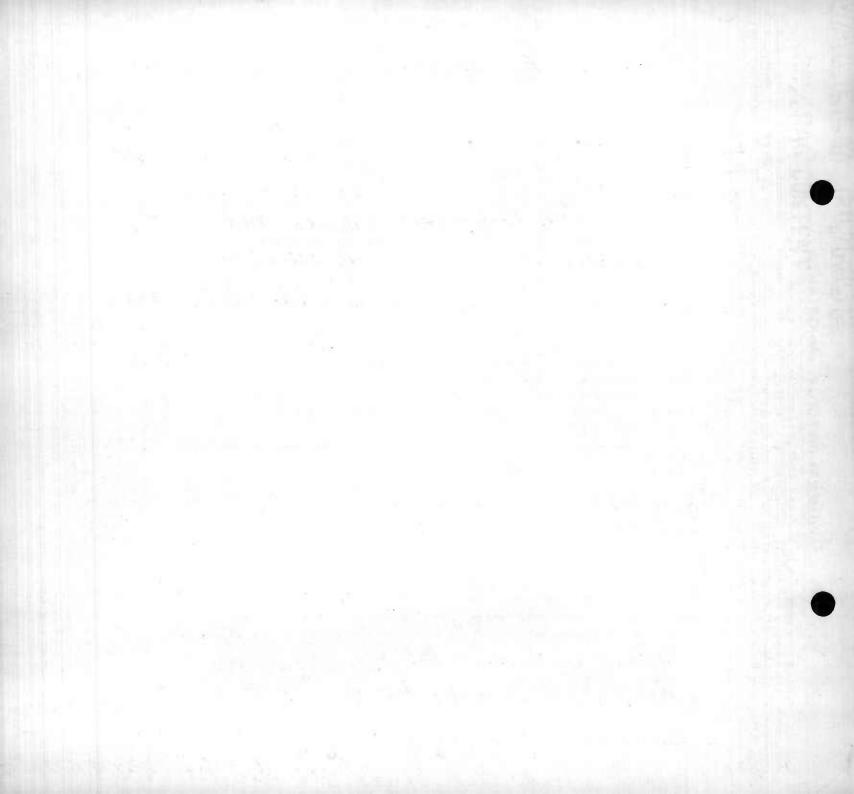


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VS 150-REV. 1/1/6B

00	BALTIMORE CITY	HEALTH DEPARTMENT		CO CAAA
68-	CERTIFICA	TE OF DEATH	REG. NO.	68- 6411
BIRTH NO.			LIQUA OF BEATH	
NAME OF DECEASED Type or Print)	C	2, DATE AN	HOUR OF DEATH	
EDWARD F.	DEITZ	Ques	ce 18/9	68 JOA
3. PLACE IN BALTIMORE MARYLAND, WHERE I	RONOUNCED DEAD		deceased lived. If in:	stitution: residence before admission
		A. STATE B. COUN	ΓY	0 1 1 1
FULL NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION. GIVE STREET	ma.)/_//
HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	C. CITY OR TOWN	D INISH	DE CITY EMITS?
NSTITUTION		Baltin.	D. 11430	
513 S.Bouldir	CT	Maeron	acc	YES NO NO
00 313 3. Bouldi	56.	E. STREET AND NUMBER	3	01
		513 1.75	oulden	st.
		G TATE OF BURTH	105 //	
SEX 6. RACE 7. MA	RRIED NEVER MARRIED	. 11	ost birthday)	Manths; Days Hours; Min.
M WID	OWED DIVORCED	2-12-1906	62	
OA, USUAL OCCUPATION (Give kind of work 108. K				12. CITIZEN OF WHAT COUNT
	ntinen tal			
	Caraca	Balto. M	a.	
3. FATHER'S NAME	Cere	14. MOTHER'S MAIDEN NAM	LE.	
		Bettie ?		
(harles		welle c	merce	
S. Was Deceased Ever in U. S. Armed Farces?	16. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give war or dates af se		11. 0/0	1 +	0
20	215-01-6028	Mess Helen	sech c	513 S. Bouldin
110	CAUSE OF DEAT	11.600	1	APPROXIMATE INTERVAL
18. / 5 6 . O I	CAUSE OF DEAT		0	BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY		1m 12 00	. 8(1	1 la est
LEADING TO DEATH	A ADMISSIATE CAL	ISE Maligna	my for	Stillener
(This does not mean the made of dying	(A) IMMEDIATE CAL	A CONSEQUENCE OF:		relate.
heart failure, asthenia, etc. 11 meons the di		A CONSEQUENCE OF:	7 /	1780-2
injury at complication which caused death.), ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
ANTECEDENT CAUSES		the state town water		
ANTEGEDENT CAUSES	(B)	^*************************************		
DISEASES OR CONDITIONS, il any,	9,,,,,,9	A CONSEQUENCE OF:		275
rise to the above cause (A) statin	g the			No. 24 Telephone (III)
UNDERLYING CONDITION fast.	(C)			
155.1				
Z	ITING			
O OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)				
M DISEASE OR CONDITION GIVEN IN PART I (A)	100000000000000000000000000000000000000			
19A. DATE OF OPERATION 19B. CONDITION	D	20 A. AUTOPSY? (Yes or No.	IN CERTIFYING CAL	INDINGS CONSIDERED
Nov 1967 WAS PERFORME	and Bendon	NO	III CERIII IIII CA	JSES OF DEATH:
198. CONDITION WAS PERFORME U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,		(If In Rollimore	e City, give exact location)
OR CONTRIBUTING CAUSE OF	hame, farm, foctory, street, a	ffice bldg., INJURY OCCUR?	tu un pottunore	Chy, give exact tacanan,
▼ DEATH (natify medical exominer)	etc.)			
O 21D. TIME (Month) (Doy) (Year) (Hau) 21E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCILE?	
OF INTIDY			AL OCCUR:	
APPROX.)	While At At Work	e		
			10 0	
22. I certify that (1) (this hospital) atte	nded the deceased from	1967	967 10 Jun	e/8 1968
that (I) (we) lost sow the deceased aliv	()	19 6 5 and the	ot in (my) (fue) coi	nion death occurred on the d
			11	7 1
ond hour ond from the couses stated ob	ove. (1) (We) (did) (did not) v	riew the body ofter death.	6/18/68-	10 am
23A, SIGNATURE	1, 0		1	23 B. DATE SIGNED
1111	on MD AH	ending Med.	Staff [
11100m cl. he	DEGREE Phy	s. Director	Phys.	
23C. PHYSICIAN'S		23D. ADDRESS	101	0
NAME (Type)	sephs MD	1010 north	1 Point	Sard 1
MININ W	DEGREE	11010	. 4 0, .	Tarek hi
	DEGREE	PALATORY DAR 14	CATION (Ci	15 1110
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMAIORT 24D. LC		ly, town, ar caunty) / 1State
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	A LORT 24D. LC	2.01	ly, town, ar caunty) / Istate
	Schwarten A	emetery Ba	eto, md	ly, town, ar caunty) / (State)
Purial 6-21-68	Schwartzis 1	emetery Ba	eta, Md	ADDRESS
PENOVAL (Specify) C-21-68 25A, DATE REC'D BY HEALTH DEPT. 25B. N	Schwartes & Ame of Cemetery of CR	emetery Da	eta, Md	2 .
Burial 6-21-68	Schwartzis 1	emetery Ba	eta, Md	2



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BALTIMORE	CITY	HEALTH	DEPARTMENT
DATIMORE	OII I	TIENETTI	DEI VIVILIAI

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MEDICAL EXAMINER'S (CERTIFICATE OF DEATH REG. NO.
1. NAME OF DECEASED (Type or Print) MARY P. WOODSON	2. DATE Known Month Doy Yeor Hour OF DEATH Estimated June 20, 1968
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	3. DATE Month Doy Yeor Hour PRONOUNCED DEAD June 20, 1968 7:30 A. M. 5. USUAL RESIDENCE (Where deceased lived. Il institution: residence belore admission)
2501 W. La Fayette Street	A. STATE Maryland B. COUNTY / 6-05
6. SEX 7. RACE 8. MARRIED NEVER MARRIED Female Negro WIDOWED D DIVORCED 9. DATE OF BIRTH 10. AGE (In yeors If Under 1 Yr. If Under 24 Hrs.	Baltimore E. STREET AND NUMBER
11-15-88 lost birthday Months Doys Hours Min.	2501 W. La Fayette Street
11. BIRTHPLACE (State or loreign country) Va. 12. CITIZEN OF WHAT COUNTRY?	Matthews Wade
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	Martha Morris 18. INFORMANT ADDRESS
(Yes, no or unknown) ((If yes, give wor or dotes of service) NO SECURITY NO.	Howard "oodson 2501 Lafayette Ave.
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21. AUTOPSY? (Yes or No.)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY)	in or obout 22C. WHERE DID (If in Solltimore City, give exact location) 22F. HOW DID INJURY OCCUR?
(APPROX.) m. WORK AT V 23. I certify that I held an Inquiry Inspection X Au	TWHILE
examiner's Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER June 20, 1968
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	
Burial 6-23-68 Morning St. 25A. DATE REC'D BY HEALTH DEPT. JUN 21 1968 Page 18 19 19 19 19 19 19 19 19 19 19 19 19 19	Dillwyn , Virginia 25C. FUNERAL DIRECTOR ADDRESS Kelson F. H. 1348 Calhoun St.

VS 151-REV. 1/1/68

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MEDICAL	EXAMINER'S	CERTIFICATE	OF DEA	TH .
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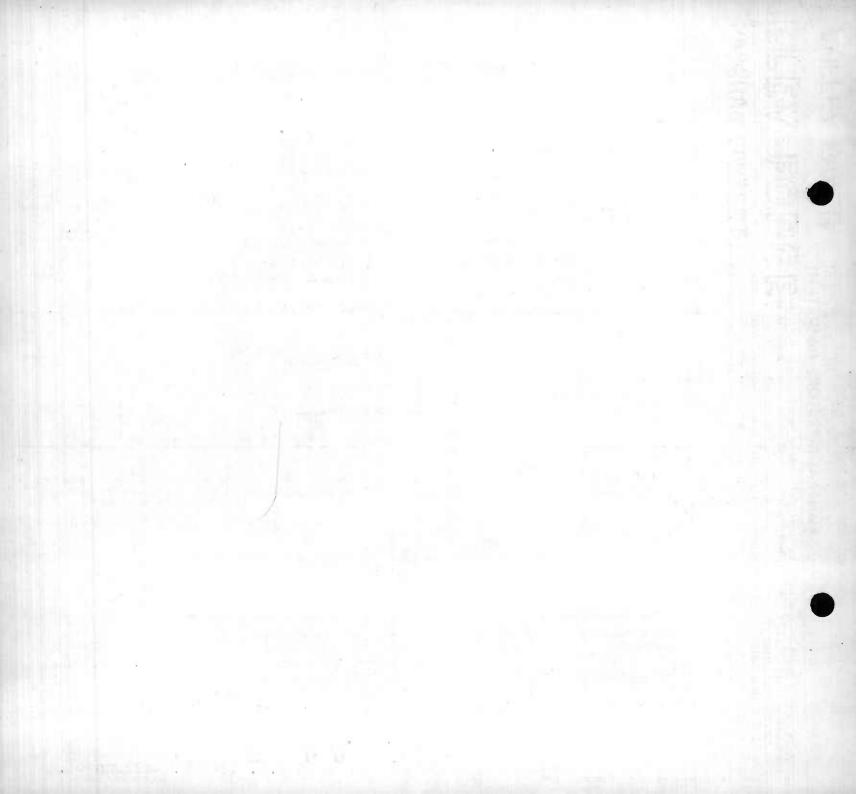
BIRTH NO.					2. DATE			REG. NO			
1. NAME OF DECEASED (Type or Print) RANDOLPH MOORE						Known Z	Month	Doy	Yeor	Hour	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						Estimoted L		20, 19		M.	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)						3. DATE Month Doy Yeor Hour June 20, 1968 1:20 A.					
OR INSTITUTION	Provid	lont I	Joani t	al (DOA)	5. USUAL I A. STATE			ed. If institutions. COUNTY	n: residen	before odmission)	
6. SEX	7. RACE			NEVER MARRIED	C. CITY O	Maryland		D. INSIDE C	ITY LIMITS	5?	
Male Negro				Baltimore				YES NO			
9. DATE OF BIRTH		AGE (In	yeors	Under 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMBER		Y	ES LA	NO L	
3-5-13 lost blrthdoy) Months Doys Hours Mir											
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF					2820 Parkwood Avenue						
WHAT COUNTRY?											
14A.USUAL OCCU	Va. PATION (Give kir	nd of work 1	48. KIND C	U.S.A. OF BUSINESS OR INDUSTRY	Wm. Moore						
done during most of w	orking life, even	if retired)				- 73					
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL					III. INFORMANT ADDRESS						
(Yes, no or unknown)	(If yes, give wor	or dotes o	f service)	SECURITY NO.	Rose	Waana	2820	Domler	hoo	11750	
19. no	Th.			1225011345 CAUSE OF DEA	TH OSA	Moore	KOKU.	Parkw		APPROXIMATE INTERVAL	
431	19					- makes 1 h			ВЕ	TWEEN ONSET AND DEAT	
	E OR CONDITIO		TLY	Massive	intrac	erebral he	morrna	ge			
	LEADING TO D of meon the mo		na e a	(A)IMMEDIATE O	AUSE	NICHOL OF					
heort foilure,	osthenio, etc. It i	meons the	diseose,	DUE TO, OK	AS A CONSE	QUENCE OF:					
injury or com	ipiiconon winch c	oused deoi	.,		A 444	A SA A SA A A A A A A A A A A A A A A A	Distribute-				
AN	NTECEDENT CA	USES		(8)							
	R CONDITION			(B)DUE TO, OR	AS A CONSE	QUENCE OF:					
UNDERLYIN	IG CONDITION			(C)					-		
0 331	/ 11			(0)100000000000000000000000000000000000							
TOTHER SIGN	FICANT CONDI										
DISEASE OR	ATH BUT NOT RE			AL							
									21. AU	I. AUTOPSY? (Yes or No)	
										Yes	
222A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Baltimore City, give exact local borne, form, foctory, street office blidge, etc.) INJURY OCCUR?											
- ONDEKTING	OR CONTRI		ho	ome, form, foctory, street, offic	e bidg., etc.)	INJURY OCCUR?					
≥ 22D. TIME (Month) (Doy		(Hour)	22E.INJURY OCCURRED		22F. HOW DID IN	JURY OCCU	R?			
OF INJURY (APPROX.)					WHILE						
23.			m	WORK ATW	ORK						
I certi	ify that I held	an In	quiry [Inspection Au	tap sy X	and that an t	his basis,	death in my	apinian		
	ed from: Nati			Aceident Suicid		omicide 🗌	Undetermin	ed manner			
	an		1			CHIEF MEDICAL I					
ACTUAL	(1/	1.1	J	1		ISTANT MEDICAL I		X		DATE SIGNED	
SIGNATU		1 0		M.D						1060	
NAME (T	ype) Char	les S	. Spr	ingate, M.D.	ASS	OCIATE MEDICAL E	AAMINEK		une 2	20, 1968	
24A. BURIAL CREA	AATION, 248.	DATE		24C. NAME of CEMETERY	or CREMAT	ORY 24D.	LOCATION	(City, tow	n, or coun	ity) (Stote)	
REMOVAL (Specify) Burial 6-24-68 Arbutus 14										nd	
25A. DATE REC'D				ME OF REGISTRAR		FUNERAL DIRECTO			ADDRESS	2100	
ZSA. DATE REC'D			DES INA	The Standard	ZSC.	adn #			houn	S+	
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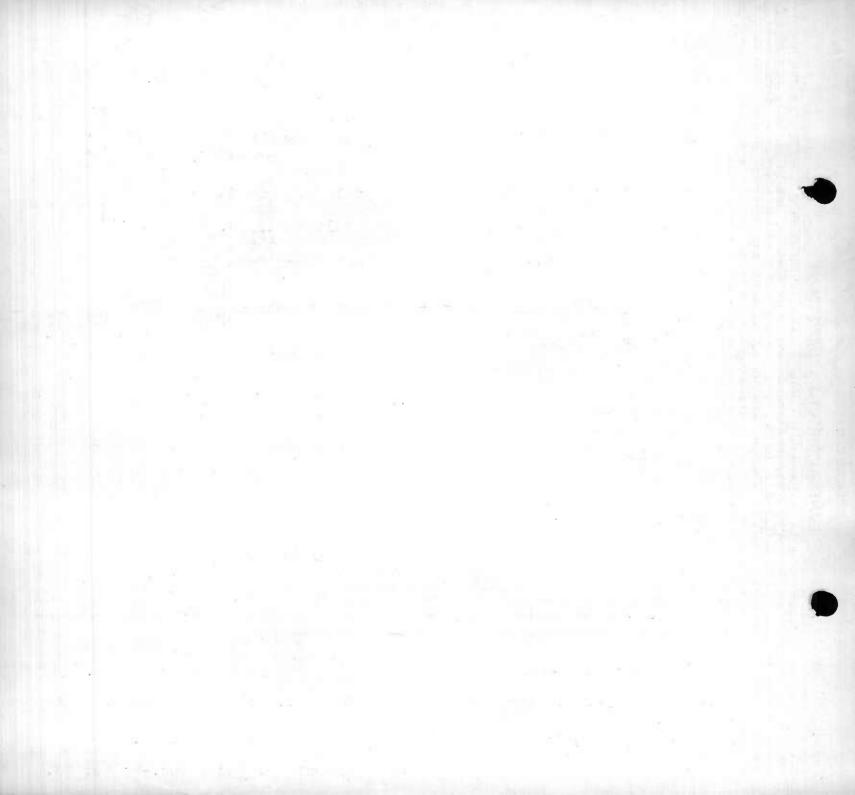
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2:05/ 4. USUAL RESIDENCE (Where deceased lived, If institution: residence D. INSIDE CITY LIMITS? YES X NO If Under 24 Hrs. If Under 1 Yr. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact lacation) ...and that in(my) (++++ apinian death accurred an the date 238 DATE SIGNED Spring Lane, Baltimore (City, town, or county) shows: ADDRESS Leonard J. Ruck, Inc.-Balto, Md. VS 150-REV. 1/1/68



VS 151-REV. 1/1/6B

		68-	6416	BALTIMORE CITY HE	ALTH DEPARTMENT					
		MFI	DICAL EX	XAMINER'S	CERTIFICATE OF DEAT	Н.	68- 6416			
BII	TH NO.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	to to the talk of t		REG. NO	00 0120			
	NAME OF DEC	EASED	E:		2. DATE Known X 4 Month	Doy	Yeor Hour			
(Ту	oe or Print)	JAMES	OSBORN		DEATH Estimoted June	16, 196	8 _{M.}			
4.	PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONC	DUNCED DEAD	3. DATE Month	Doy	Yeor Hour			
HO	L NAME OF SPITAL INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITUTION	ON, GIVE STREET	PRONOUNCED DEAD June 5. USUAL RESIDENCE (Where deceosed live	16, 1968				
	00	616 Conway	Street		A. STATE Maryland	B. COUNTY	22-02			
6.	Ma le	7. RACE Negro	8. MARRIED	NEVER MARRIED	C. CITY OR TOWN Baltimore	D. INSIDE CIT	s X NO			
9.	DATE OF BIRTI			nder 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	TES) EI 140 []			
1	7-15.	1924 lost birthd		hs, Doys, Hours Min.	616 Conway Stre	et				
11.	BIRTHPLACE (S	State or foreign country	1	ITIZEN OF	13. FATHER'S NAME					
	mo	merkan	_ \	WHAT COUNTRY?	Henry Sho	mas				
144	USUAL OCCU	PATION (Give kind of wor	14B. KIND OF	BUSINESS OR INDUSTR	15. MOTHER'S MAJOEN NAME	1				
don	e during most of v	vorking life, even if retired			Stan Och	anne				
		ED EVER IN U.S. ARME		17. SOCIAL	18. INFORMANT	AD	DRESS / / /			
(Ye	s, no or unknown)	(If yes, give wor or dotes	of service)	SECURITY NO.	Mary Os hery	2.34	2.6 Josh Hate.			
-	191 320	9		CAUSE OF DEA	TH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
1					U		BETWEEN ONSET AND DEATH			
		E OR CONDITION DIR	ECILY		Purulent meningi	tie				
	(This does n	of mean the mode of d		(A)IMMEDIATE O	AS A CONSEQUENCE OF:	CTO				
		, osthenio, etc. It meons the application which coused de								
	injury or complication which coused death.)									
		NTECEDENT CAUSES		(8)(8)	AS A CONSEQUENCE OF:					
	RISE TO THE	OR CONDITIONS, IF AN E ABOVE CAUSE (A) ST	ATING THE	DUE TO, OK	AS A CONSEQUENCE OF:					
2	UNDERLYIN	NG CONDITION LAST.		(c)						
ERTIFICATIO	340.	3 11								
X		IFICANT CONDITIONS								
Ĕ	DISEASE OR	ATH BUT NOT RELATED TO CONDITION GIVEN IN	PART 1 (A).	*************						
FRI	20 A. DATE OF	F OPERATION 20B. CO	NDITION FOR	WHICH OPERATION W	AS PERFORMED		21. AUTOPSY? (Yes or No)			
O	7						Yes			
EDICAL	UNDERLYING	NAL CAUSE WAS OF CONTRIB-	228.1 home	PLACE OF INJURY(e.g., e, form, foctory, street, office	in or obout 22C. WHERE DID (If in Boltimo te bldg., etc.)	re City, give exac	t locotion)			
X	22D. TIME		or) (Hour) 2	2E.INJURY OCCURRED	22F. HOW DID INJURY OCC	UR?				
	(APPROX.)		_ v		WHILE					
н	23.		m.j v	VORK AIV	VORK					
	I cert	I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion								
1	resulted from: Natural causes Accident Suicide Homicide Undetermined monner									
	10301				CHIEF MEDICAL EXAMINER					
	ACTUAL	(Lea 1		1	ASSISTANT MEDICAL EXAMINER	$\overline{\mathbf{x}}$	DATE SIGNED			
	SIGNATI		2	M.C.),					
	EXAMIN NAME (1	(ype) Charles	S. Spri	ngate, M.D.	ASSOCIATE MEDICAL EXAMINER	□ J₁	une 17, 1968			
24	A. BURIAL CREA	MATION, 24B, DATE	24	C. NAME of CEMETERY	or CREMATORY 24D. LOCATION	(City, town,	or county) (Stote)			
RE	MOVAL (Speci	0 6 9	0-681	Sant-	12 Vation & Ban	time	ne mx.			
25	A DATE REC'D	BY HEALTH DEPT.	25B NAME	OF REGISTRAR	259 FUNERAL DIRECTOR	1 - AT	ODRESS			
20			LOU. I WANTE	HE GIGINAN	1-77	10 . 1	DRESS			

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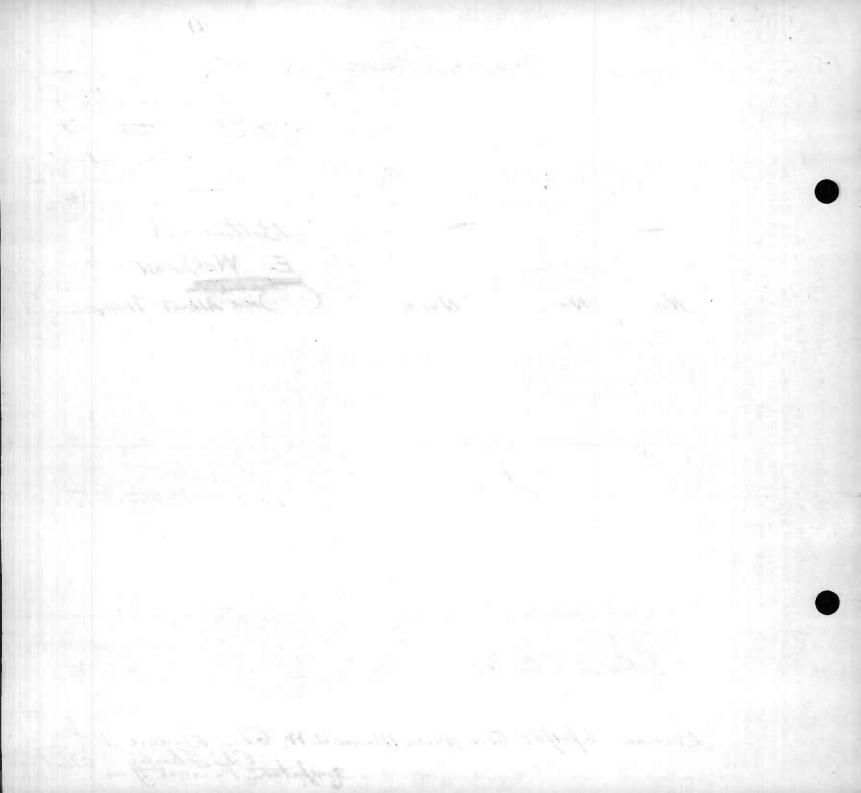
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BIRTH NO. BY 1496 TRANK OF DEGRATO 17 10 10 10 10 10 10 10	DISTIL	50	3- 0410	Y HEALTH DEPARTMENT	-1	68- 6418
NAME OF DEEPARD TRIMPER POOR POOR POOR	DIKIH	10. 68-11496	CERTIFICA	ATE OF DEATH	REG. NO.	0110
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ASTATE B. COUNT WITHOUT B. STREET AND NUMBER CHY OR STREET ASTATE CHY OR OWN B. STREET AND NUMBER CHY OR STREET CHY OR OWN B. STREET AND NUMBER CHY OR STREET CHY OR OWN B. STREET AND NUMBER CHY OR STREET CHY OR OWN B. STREET AND NUMBER CHY OR STREET CHY OR OWN B. STREET AND NUMBER CHY OR STREET CHY OR OWN B. STREET AND NUMBER CHY OR STREET CHY OR OWN B. STREET AND NUMBER CHY OR STREET CHY OR OWN B. STREET AND NUMBER CHY OR STREET CHY OR OWN B. STREET AND NUMBER CHY OR STREET CHY OR OWN B. STREET AND NUMBER CHY OR STREET CHY OR OWN CHY OR STREET CHY OR OWN CHY OR OWN CHY OR OWN CHY OR STREET CHY OR OWN CHY OR OWN CHY OR OWN CHY OR STREET CHY OR OWN CHY OR OWN CHY OR OWN CHY OR STREET CHY OR OWN CHY OR OWN CHY OR OWN CHY OR STREET CHY OR OWN CHY OR OWN CHY OR OWN CHY OR STREET CHY OR OWN CHY OR OWN CHY OR OWN CHY OR STREET CHY OR OWN CHY OR OWN CHY OR OWN CHY OR OWN CHY OR STREET CHY OR OWN CHY O	Type o	Print) Baby Girl?		nda (.) 6-1	9-68	750 P
DISCASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE DISCASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE DISCASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE DISCASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE DISCASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH				A, STATE B. COUN	ITY	etion: residence bolore admissio
103 Code Mill Lane Bath 2825	HOSPIT IN STITU	AL OR ADDRESS OR LOCA	TION)	C. CITY OR TOWN BRG		CITY LIMITS?
DIVORCED DIVORCED G-/9-45 Months Days Hours Min. OA. USUAL OCCUPATION (Give hind of work) log. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT 18. MOTHER'S MAIDEN NAME 1	3/,	Mercy Mosp Inc	- Balto		4.11 Lane Ba	H. 21225
3. FATHER'S NAME 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WOS Deceased Ever in U. S. Armed Forces? 5. Wos Deceased Ever in U. S. Armed Forces? 5. Wos Deceased Ever in U. S. Armed Forces? 6. SOCIAL SECURITY NO. 18. I SCURITY NO. 19. CAUSE OF DEATH 19. TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION OF WHICH OPERATION 21. ACCIDENT WAS UNDERLYING 22. ACCIDENT WAS UNDERLYING 22. ACCIDEN	F	h	WIDOWED DIVORCED	6-19-62	lost birthdoy) M	onths Doys Hours Min.
LEATHER'S NAME ADDRESS SOME WOS DECOSED EVER IN U. S. Armed Forces? WOS DECOSED EVER IN U. S. Armed Forces? ADDRESS SOME CAUSE OF CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. Il means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASE OR CONDITIONS, if any, giving itse to like texased death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving itse to like texased death.) ANTECEDENT CAUSES DISEASES OR CONDITION DIST. (C) III O'THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION OF INTERVAL DEATH OF THE PROPERTY OF THE			10B. KIND OF BUSINESS OR INDUSTR		11 h	
ADDRESS Some season of the property of dots of service) 18. Oracle Fatherman Security 18. Oracle Oracle Oracle 19. Oracle Oracle Oracle Oracle 19. Oracle Oracle Oracle Oracle Oracle Oracle 19. Oracle Oracle Oracle Oracle Oracle Oracle 19. Oracle Orac	. FAT			14. MOTHER'S MAIDEN NA	ME	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart forture, astheria, etc. II means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the does couse (A) stoling the UNDERLYING CONDITION tost. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I LAI. 19.4. DATE OF OPERATION 19.5. CONDITION FOR WHICH OPERATION 19.5. CONDITION FOR WHICH OPERATION 20.4. AUTOPST? (Yes or No.) 20.8. IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH? 21.4. ACCIDENT WAS UNDERLYING TO THE TERMINAL DISEASE OF CONDITION FOR WHICH OPERATION 20.4. AUTOPST? (Yes or No.) 20.8. IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH? 21.4. ACCIDENT WAS UNDERLYING TO THE TERMINAL DISEASE OF DEATH? 21.4. ACCIDENT WAS UNDERLYING TO THE TERMINAL DISEASE OF DEATH? 21.4. ACCIDENT WAS UNDERLYING TO THE TERMINAL DISEASE OF DEATH? 21.4. ACCIDENT WAS UNDERLYING TO THE TERMINAL DISEASE OF DEATH? 21.4. ACCIDENT WAS UNDERLYING TO THE TERMINAL DISEASE OF DEATH? 21.4. ACCIDENT WAS UNDERLYING TO THE TERMINAL DISEASE OF DEATH? 21.4. ACCIDENT WAS UNDERLYING TO THE TERMINAL DISEASE OF DEATH? 21.4. ACCIDENT WAS UNDERLYING TO THE TERMINAL DISEASE OF DEATH? 22. ACCIDENT WAS UNDERLYING TO THE TERMINAL DISEASE OF DEATH? 22. ACCIDENT WAS UNDERLYING TO THE TERMINAL DISEASE OF DEATH? 22. ACCIDENT WAS UNDERLYING TO THE TERMINAL DISEASE OF DEATH? 22. ACCIDENT WAS UNDERLYING TO THE TERMINAL DISEASE OF DEATH? 22. ACCIDENT WAS UNDERLYING TO THE TERMINAL DISEASE OF DEATH? 22. ACCIDENT WAS UNDERLYING TO THE TERMINAL DISEASE OF DEATH? 22. ACCIDENT WAS UNDERLYING TO THE TERMINAL DISEASE OF DEATH? 22. ACCIDENT WAS UNDERLYING TO THE TERMINAL DISEASE OF DEATH? 22. ACCIDENT WAS UNDERLYING TO THE TERMINAL DISEASE OF DEATH? 22. ACCIDENT WAS UNDERLYING TO THE TERMINAL DISEASE OF THE TERM	. Wos	Deceased Ever in U. S. Armed Ford	es? 16. SOCIAL		THE STATE OF THE S	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does nal meen the mode of dying, e.g., heart follow, esthemic, etc. II means the disease, injury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION tost. (C) OHER SIGNIFICANI CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION OHER SIGNIFICANI CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION 21A. ACCIDENT WAS UNDERLYING WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING to the control of the control o	10	No No		(Father)	DR. ALbeRT	TRIMPER-
198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 1/6 1	rise	o to the above couse (A) IDERLYING CONDITION tost. IDERLYING CONDITION TOST.	staling The (C)	S A CONSEQUENCE OF:		
21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURED While At Not While At Work 22. I certify that (N) (this hospital) attended the deceased from 19 ond that in(my) (our) opinion death occurred on the dond hour and fram the causes stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE Attending Med. DEGREE PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimare City, give exact location)	V DIS	EASE OR CONDITION GIVEN IN PART • DATE OF OPERATION 198. CON	T 1 (A). DITION FOR WHICH OPERATION			DINGS CONSIDERED S OF DEATH?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED While At Not While At Work 22. I certify that (N) (this hospital) attended the deceased from 6-16-66 19 to 6-19-67 19 that (I) (wa) lost sow the deceased alive on 6-19-67 19 and that in(my) (aut) opinion death occurred on the dond hour and from the causes stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE Attending Med. Staff Director Phys.	OR DE	. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g. home, lorm, foctory, street, etc.)			ity, give exact location)
that (I) (we) lost sow the deceased alive on 6-19-67 19 and that in (my) (out) opinion death occurred on the dond hour and from the causes stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Director Phys.	21E OF	INJURY	While At Not W	ile 🗂	URY OCCUR?	
23A. SIGNATURE Lester C Collin In b DEGREE Phys. Attending Med. Director Phys. 23B. DATE SIGNED 6-19-67	(A)		ottended the deceased from	6-18-68	1910_6-1	I 7
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	22.	t (1) (wa) lost sow the decease I hour ond fram the couses stat	d olive on 6-19-67		- 3	
	22. tho one 23A	t (I) (wa) lost sow the decease. I hour and from the couses state. SIGNATURE Leade. C. PHYSICIAN'S NAME (Type)	d olive on 6-19-67 ed obove. (1) (We) (did) (did not) Clembab DEGREE DEGREE	tending Med. Director 23D. ADDRESS	Shaff Phys.	B. DATE SIGNED 6-19-6
REMOVAL (Specify) Burial 6 21/68 Chen Haven Manoriol PM Chen Burnie Md 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	22. tho one 23A	t (I) (wa) lost sow the decease. I hour ond from the couses stot. SIGNATURE PHYSICIAN'S NAME (Type) IRIAL CREMATION, 24B. DATE MOVAL (Specify) BURIAL 6 21/2	d olive on 6-19-67 ed obove. (1) (We) (did) (did not) Clarinh	tending Med. 23D. ADDRESS	Shaff Phys.	B. DATE SIGNED 6-19-67 Town, or county) (State)



A SERVICE PROPERTY. in the transfer act that the contract of the

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. T. A. Parlier - more

without Partit Share Trial CAPPED CAPPERETHS

25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/68

25B. NAME OF

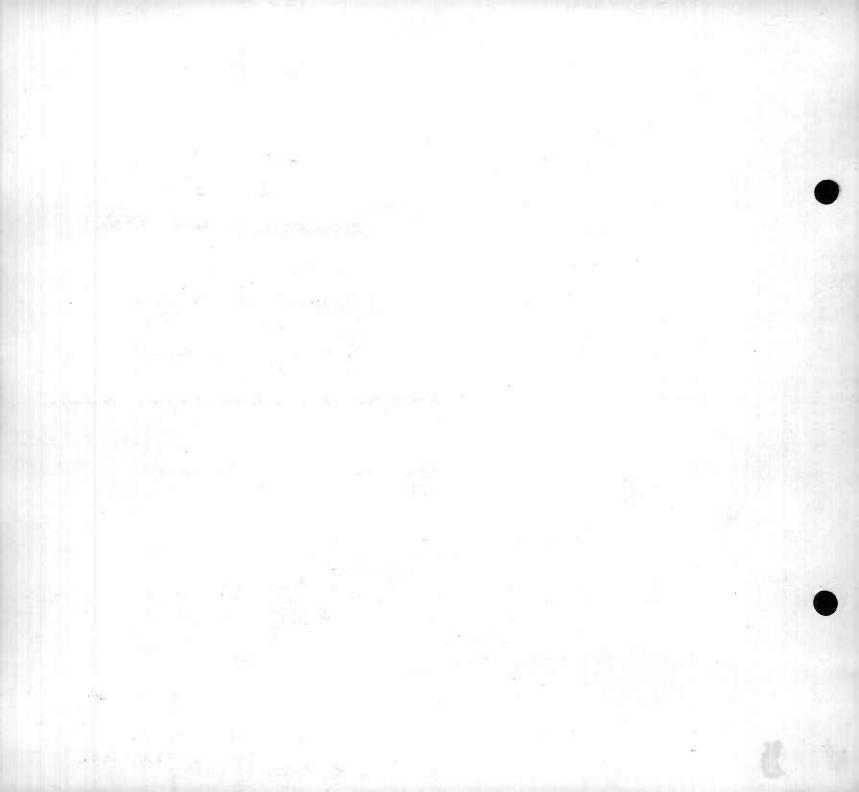
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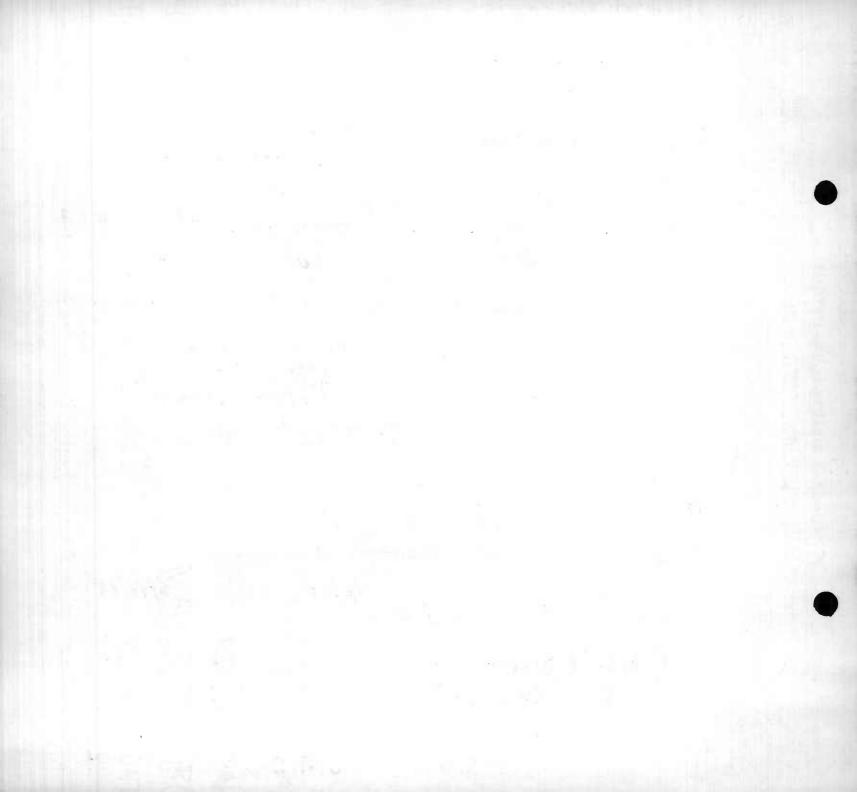
	0	BALTIMORE CITY	HEALTH DEPARTMENT	
BIRTH NO	68-6	422 CERTIFICA	TE OF DEATH REG. NO. 68-6422	
	OF DECEASED /	nnie T	2. DATE AND HOUR OF DEATH	P. N
3. PLACE	E IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	A. USUAL RESIDENCE (Where deceosed lived, If institution: residence before od A. STATE B. COUNTY	mission)
FULL NA HOSPITA INSTITUT	L OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	c. CITY OR TOWN D. INSIDE CITY LIMITS?	
M	aryland Genera	111000	Balt, VES NO	
4810	aryland genera	il Mosp.	3516 Elmley Ave	
S. SEX	F 6. RACE 7. MAR WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy 5 Months Doys Hours	24 Hrs. Min.
	AL OCCUPATION (Give kind of work 108, KIN ng most of working lile, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT C	DUNTRY
3. FATHI	ER'S NAME		14. MOTHER'S MAIDEN NAME	
	LINK		unk	
	Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT John B. Thon, son ADDRESS	
n	To like the service of the service o	215-16-6333-	TXXXXXXXXX 2910 F. Goodwood Rd.21	214
heart injury DISE	s daes not mean the mode of dying, of failure, asthenia, etc. It means the disc year camplication which caused death.) ANTECEDENT CAUSES EASES OR CONDITIONS, if any, go to the abave cause (A) stoling DERLYING CONDITION last.	(B) Syarus (DUE TO, OR AS	DOST-Incisional hunia repair 4 days	
OTHE TO T	ER SIGNIFICANT CONDITIONS CONTRIBUT HE DEATH BUT NOT RELATED TO THE TERMI ASE OR CONDITION GIVEN IN PART I (A).	ING Hypery	Lensive Heart disease	
		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
OR C	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	21B PLACE OF INJURY (e.g., i home, form, foctory, street, of elc.)	n or about RIC. WHERE DID (If in Baltimore City, give exact location) fice bldg., INJURY OCCUR?	
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€ (APP	ROX.)	TATOR - TITOR		
22. I	(I) (we) last saw the deceased alive	ded the deceased from	19 68 ta 6 17 19	68 the dat
22. I	I certify that (I) (this haspital) attend	ded the deceased from	19 8 and that in (my) ((aur)) apinian death accurred an iew the bady after death.	68 the date
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22. I that and	I certify that (I) (this haspital) attend (I) (we) last saw the deceased alive haur and fram the causes stated abo	ded the deceased from an ve (I) (We) (did) (did nat) ve (Phy	19 & and that in (my) (aur) apinian death accurred an riew the bady after death. 238, DATE SIGNED	68 the dat

Inc.

Schimunek Funeral Home, 3331 Brehms Lane



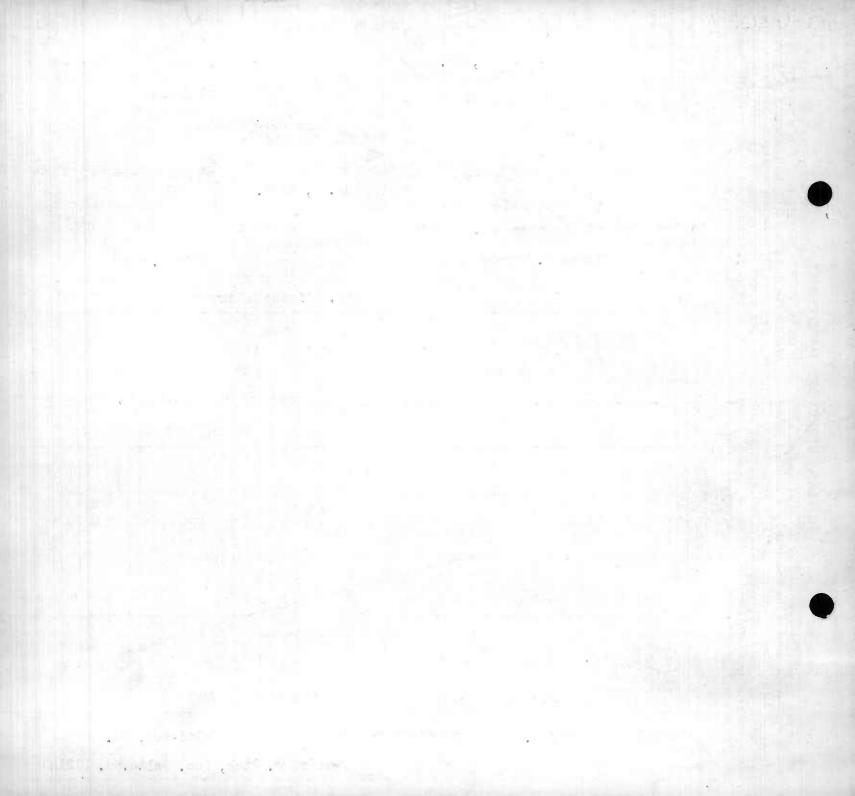
ha haza	CATE OF DEATH REG. NO. 68-6423							
BIRTH NO.	CATE OF DEATH							
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH							
Harry H. Dryc	an 6/18/68 10P							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission A. STATE B. COUNTY							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Md 26-03							
HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMPS?							
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Maryland Gen. 1900	3327 Shannon Dr.							
SEX 6. RACE 7. MARRIED NEVER MARRIED								
TO IN THE PROPERTY OF THE PROP	Ol Cost birthdoy) Ol Months Doys Hours Min.							
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one during most of working life, even if retired)	Baltimore Md USA							
Police Sgt. 5 Balto. City.	each total c							
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Wm Bryan	Setina Bubbard							
S, Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS							
no 216 32 02	Lillian Bryan Roberts, dght, above							
IB. / / D. f	DEATH APPROXIMATE INTERVAL							
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heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	Theimonitos, wolung.							
ANTECEDENT CAUSES	"ASCUD"							
(B)	DR AS A CONSEQUENCE OF:							
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UNDERLYING CONDITION last. (C)	mirron Ancima							
z 422, / II								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).								
✓ DISEASE OR CONDITION GIVEN IN PART 1 (A). ✓ 1994 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 198 CONDITION FOR WHICH OPERATION 198 CONDITION 198 CONDITI	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED							
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OR CONTRIBUTING CAUSE OF CONTRIBUTING COLOR, stre	(e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) set, office bldg., INJURY OCCUR?							
C DEATH (notify medical examiner) etc.)	et, office blogs, INJUKT OCCUK?							
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22. I certify that (1) (this hospital) attended the deceased from								
that (I) (we) lost saw the deceased alive an	ond that In (my) (our) opinion death occurred on the de							
ond haur and from the causes stated above. (1) (We) (did) (dld n								
23A. SIGNATURE	Attending Med. Staff 2238, DATE SIGNED							
Phys. Director Phys. G-/10/08								
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS							
RALM. D. KEVMAND	EGREE Maryland Gen Hosp.							
	or CREMATORY 24D. LOCATION (City, town, or county) (State)							
Burial 6/22/68 Parkwood Ce	emetery Baltimore, Md.							
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.							
HIN 21 1968 10 09 50 81 0 1	Schimmak Funeral Home, Inc.							
VS 150-REV. 1/1/6B								

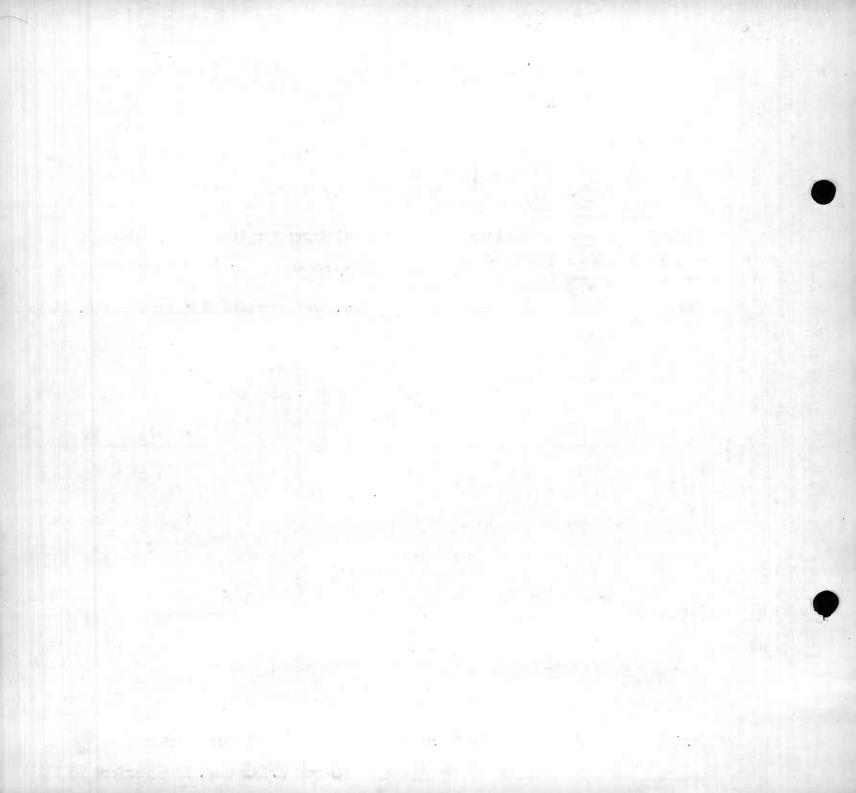


FUNERAL DIRECTOR: IMPORTANT

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URTH NO	(68 - 6424	CERTIFICA	ATE OF DEATH	REG. NO	68-	10004
RTH NO. NAME OF DEC Type or Print)	EASED	DWARD B.		2. DATE	AND HOUR OF DEATH	H 9	:17 P
3. PLACE IN BA	TIMORE, MARYLAND	, WHERE PRONOUN	CED DEAD	4, USUAL RESIDENCE (W		institution: residen	ice before odmi
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HO! ADDRESS OR LO	SPITAL OR INSTITUTIO	ON, GIVE STREET	C. CITY OR TOWN	BALTO. C	ISIDE CITY LIMITS	
3 THE	Johns Hop	KINS HOSE	PITAL	E. STREET AND NUMBER	600 Martin		No XX ot #66 221
SEX	6. RACE	7. MARRIED	NEVER MARRIED	8, DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yo	Hours
MALE	WHITE	WIDOWED	DIVORCED	10-19-01	66		
done during most of	uPATION (Give kind of working life, even if retire agineer-Sc	Hopkins	Universi	Baltimor		12. CITIZEN	OF WHAT CO
WILLI		5		14. MOTHER'S MAIDEN N			
S. Was Decease	Ever in U. S. Armed	Forces? 16	S- SOCIAL	17. INFORMANT		ADI	SZERC
Yes, no or unknow	(If yes, give wor or	dotes of service)	SECURITY NO. 0-05-3551	Bernadette	O'Brien B		fe, abov
		sed deoth.)	2				
un DERLYIN / 5 3 , 6 OTHER SIGNI	ANTECEDENT CAU OR CONDITIONS, the obove couse of CONDITION lost. II FICANT CONDITIONS	if ony, giving (A) stating the	(c)	as a consequence of:	lure –	2,73	1
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nise to the UN DERLYIN OTHER SIGNI TO THE DEA TO THE DEA 194. DATE 214. ACCIDI OR CONTRIB	ANTECEDENT CAU OR CONDITIONS, or obove couse of CONDITION lost. FICANT CONDITION SITH BUT NOT RELATED TO THE CONDITION GIVEN IN FOPERATION 198. ON WAS TO THE CONDITION TO THE CONDITION STATE OF THE CONDITI	if ony, giving (A) stoting the CONTRIBUTING TO THE TERMINAL PART 1 (A). CONDITION FOR WH PERFORMED CONDITION FOR WH DEFORMED 218, PL home, etc.)	Congestive Pultuona ICH OPERATION CO LON ACE OF INJURY (e.g. form, foctory, street,	20A. AUTOPSY? (Yes or YES), in or obout 21C. WHERE DID injury occur?	(If in Boltim	E FINDINGS CON AUSES OF DEAT	iSIDERED H?
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Congestive beart failure -6/5/68 OVERNOR OF COLON 45.2 Topost B. Ostenger, M.D.





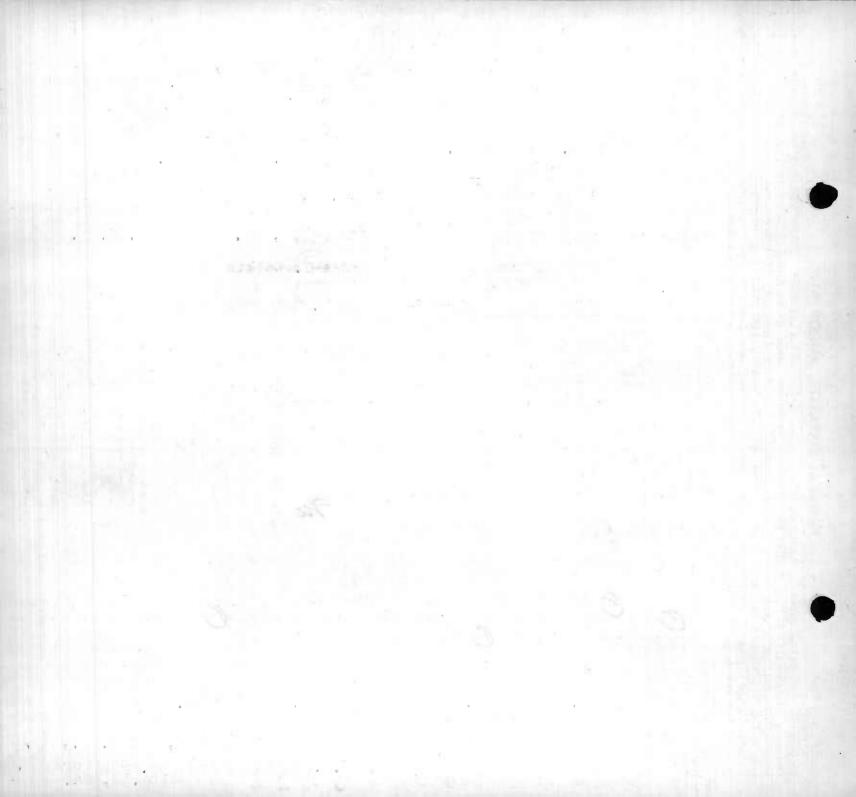
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BALTIMORE CITY HEALTH DEPARTMENT

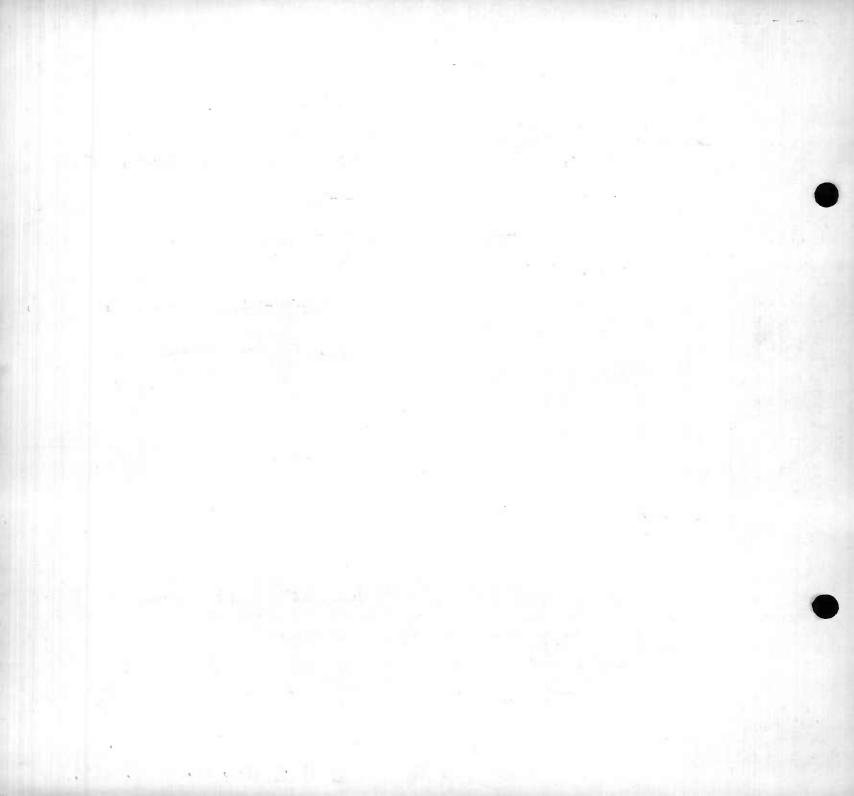
REG. NO. 68- 6427

BIRTH NO.	CERTIFICA	TE OF DEATH	REG. 140						
Type or Print! TAILS MAN	P	2. DATE	6-16-68	960 6					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DHOUNCED DEAD	4. USUAL RESIDENCE (V A. STATE B. CO	Vhere deceased lived. If ins	titution: residence before odmission)					
FULL NAME OF HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION) INSTITUTION THE JOHNS HOPKINS	HOSPITAL	C. CITY OR TOWN		PE CITY LIMITS? YESS NO					
S. SEX 6. RACE 7. AAADD		1723 GUII	P. AGE (In years	If Under 1 Yr. If Under 24 Hrs					
MARK	NEVER MARRIED DIVORCED	10-6-27	lost birthdoy)	Months Doys Hours Min.					
OA. USUAL OCCUPATION (Give kind of work 10B. KIND one during most of working life, even if retired)				12. CITIZEN OF WHAT COUNTR					
Walkles 3. FATHER'S NAME		14. MOTHER'S MAIDEN	YAME						
IOCCEU CRIEEIN		MAGGIE							
JOSEPH GRIFFIN S. Was Deceosed Ever in U. S. Armed Forces? Yes, no or unknown) (II yes, give wor or dotes of servi	ce) 16. SOCIAL SECURITY NO.	17. INFORMANT	11	ADDRESS					
		Jeorge	Plano	1723 Junford					
18.400,31	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) IMMEDIATE CAU	lile sepsu		24 hrs					
(This does not meen the made of dying, heart laiture, asthenia, etc. It means the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:							
injury ar camplication which caused death.)	4.	1							
ANTECEDENT CAUSES	(B) Wem	Lor	.1	2 meets					
DISEASES OR CONDITIONS, il ony, giv	9	A CONSEQUENCE OF:	tension	\$16 months					
UNDERLYING CONDITION Iosi.	(c)	Ale	<u></u>						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION		•							
IN THE DEATH BUT NOT RELATED TO THE TERMIN									
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208, IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?					
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	YES	(If in Boltimore	City, give exoct location)					
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	fice bldg., INJURY OCCUR							
21D.TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?						
(APPROX)	While At Not While Work At Work								
22. I certify that (1) (this haspital) attended	ed the deceased fram	5-14	1968 to 6-	16 1968					
that (1) (we) last saw the deceased alive	an 6-1	5 19 68 and	that in (my) (aur) apln	ian death accurred an the dat					
and haur and fram the causes stated above	and hour and from the causes stated abave (1) (We) (did) (did not) view the body after death.								
23A. SIGNATURE									
Churtopher & Meuto Moberate Attending Med. Staff Phys. Director Phys. 6.16,68									
NAME (Type)	23C. PHYSICIAN'S 23D. ADDRESS								
Christopher & Mers		Johns Bopki	us Hospiva	e, balto, lud.					
REMOVAL (Specify)	C. NAME OF CEMETERY OF CRI	MATORY 24D	LOCATION (CI	y, town, or county) (Stote)					
Curial Jun 22/6	8 Dallo 1/1	att. Cem.	23011	weller Vr					
250. DATE REC'D BY HEALTH DEPT. 256. NA	ME OF REGISTRAR	2SC. FUNERAL DIRECT	011-1	ADDRESS					





Letter from Dr. Henry S. Crist USPHS Hospital dated 12/23/68



(State)

IMPORTANT

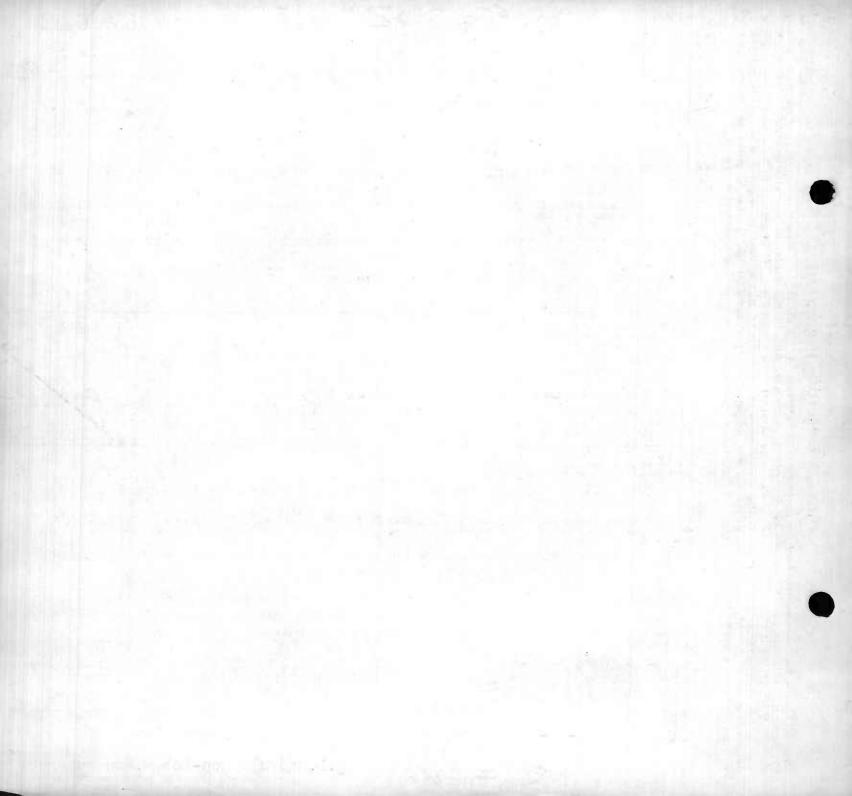
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VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

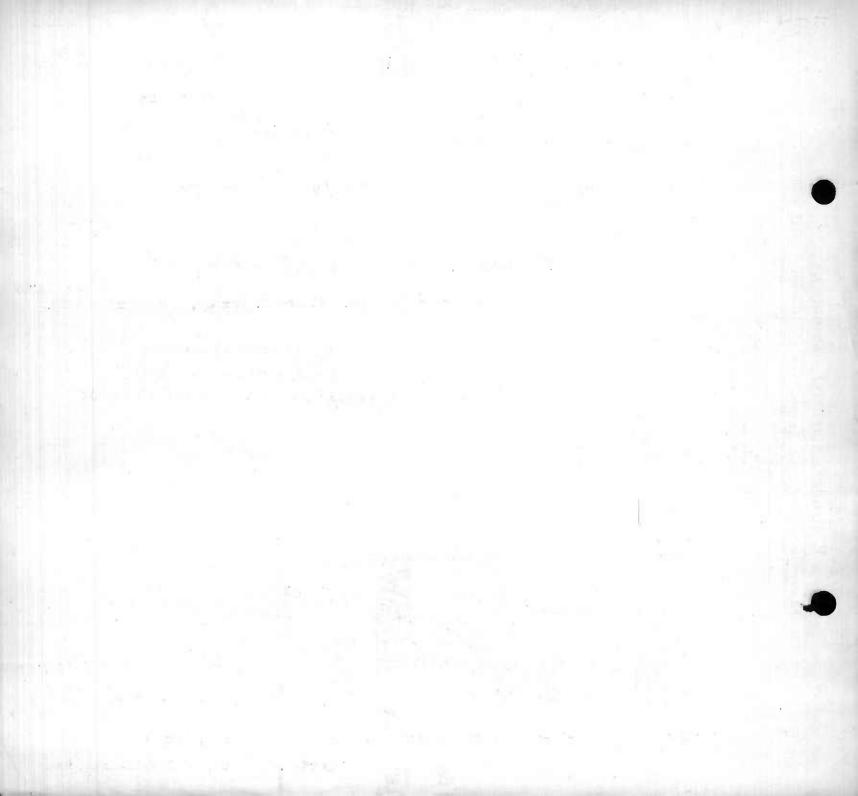
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BALTIMORE CITY HEALTH DEPARTMENT



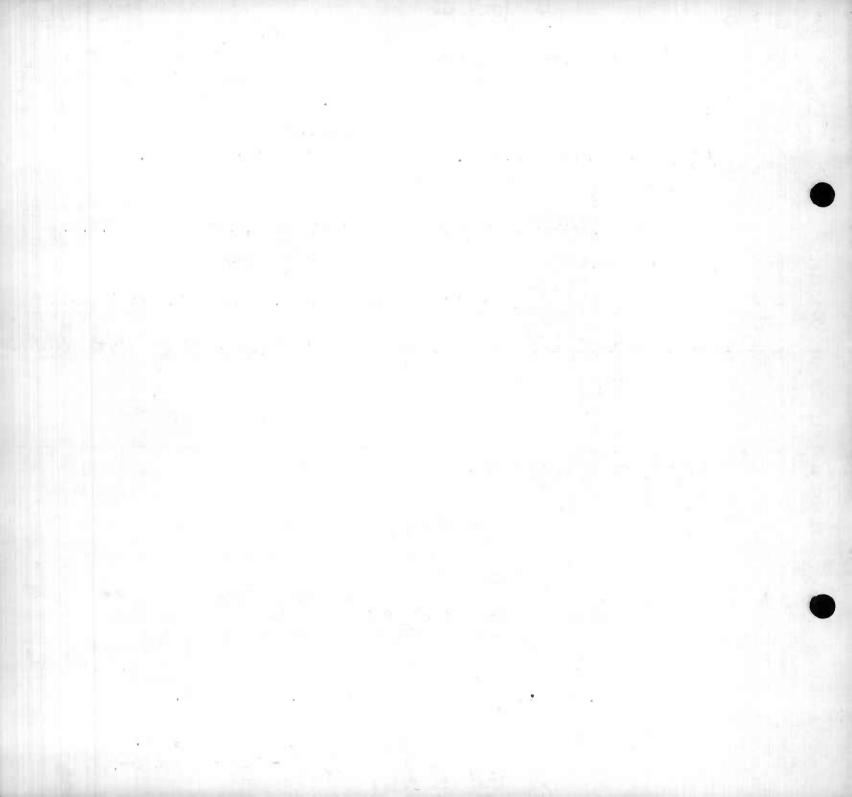
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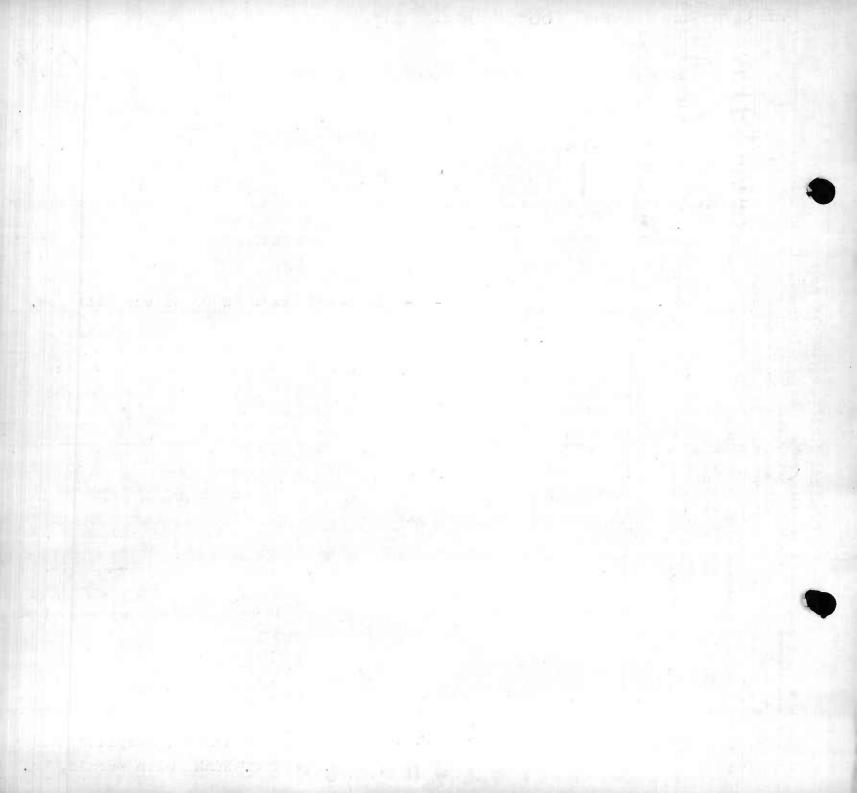
21207 BETWEEN ONSET AND DEATH (aur) opinion death accurred on the date Howard H. Hubbard, 4107 Wilkens Avenue 1968 VS 150-REV. 1/1/68

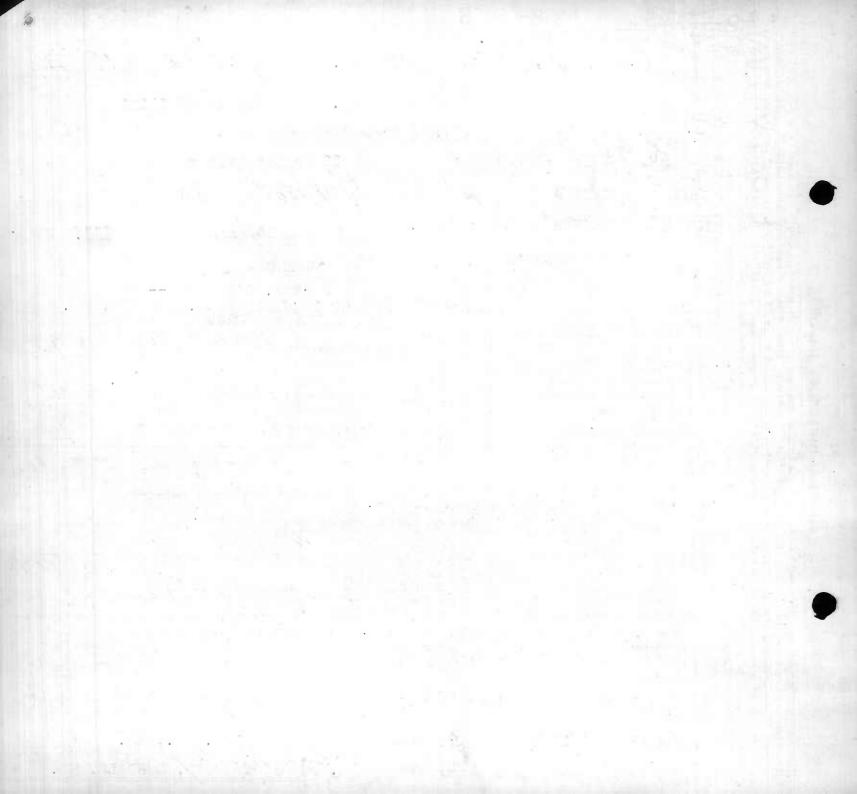


FUNERAL DIRECTOR: IMPORTANT

00 04	BALTIMORE CITY	HEALTH DEPARTMENT		68- 6434
68- 64	CERTIFICA	TE OF DEATH	REG. NO	00 0404
BIRTH NO. 1. NAME OF DECEASED	OZICTITIO)		HOUR OF DEATH	
(Type or Print) Walter Fred	Smith	6/	20/1968	8 15 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. II in	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR TOCATION)	TITUTION, GIVE STREET	Md. Bal	timore	IDE CITY LIMITS?
A C		Baltimore E. STREET AND NUMBER		YES NO
00 4420 Marble Hall	Rd.	4420 Marb	le Hall F	Rd.
5. SEX 6. RACE 7. MARRIE	DA NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Male White WIDOWE	DIVORCED	8/10/1883	84	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if relited)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY
Salesman Retired	Furniture	Cincinnatti,		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
Henry Schmidt		Louisa Mey	er	
15. Was Deceased Ever in U.S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
, 55 give 155 51 50 50 50 50 50 50 50 50 50 50 50 50 50	312 07 596	Roxie F. Sm	ith 4420	Marble Hall R
18.436.11	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		ISE are braf Jo	1000000	800 f + 10 do
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE all orag oo	frotor o	coloury 10 day
(This does not meon the mode of dying, e. heart foilure, asthenia, etc. It means the diseas		A CONSEQUENCE OF:		0
injury or complication which caused death.)		ning system 67		
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if ony, givin	3	A CONSEQUENCE OF:		
rise to the obove cause (A) stating II UNDERLYING CONDITION last.	(C)			
33/X II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).	L		~ · · · · · · · · · · · · · · · · · · ·	
198. CONDITION FOR WAS PERFORMED	R WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF	TB. PLACE OF INJURY (e.g., i ome, form, foctory, street, oftc.)	n or obout 21 C. WHERE DID	(If in Boltimor	e City, give exect location)
O 21D. TIME (Month) (Doy) (Year) (Hour) 2	1E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
	While At Not While Work At Work			
	· · ·		68 10	6-20 1968
22. I certify that (1) (this haspital) attended	1. 164 - 1.	2		
that (I) (we) last saw the deceased alive or			t in(my) (out) api	nion death occurred on the date
and haur and from the causes stated abaye.	(I) (We) (did) (did not)	iew the body after death.		
23A. SIGNATURE	Au.	adia		23B. DATE SIGNED
du X. Vu	OEGREE Phy		haff hys.	6.20-68
23C. PAKSICIANS NAME (Type) DR. Francis X		3201 N. Char	eles St.	
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (C	ity, town, or county! (Stote)
Cremation 6/21/1968	Guerra	Cromet Ra	Ltimore,	Ma
	Greenmount e of REGISTRAR	25C. FUNERAL DIRECTOR	crimore,	ADDRESS
JUN 2 4 1968 120. 9	4 95 78 n. O.	Mitchell-Wie	efeld Home	
VS 150-PEV 1/1/AB	CE VICTORIA	6500 York Ros	ad	



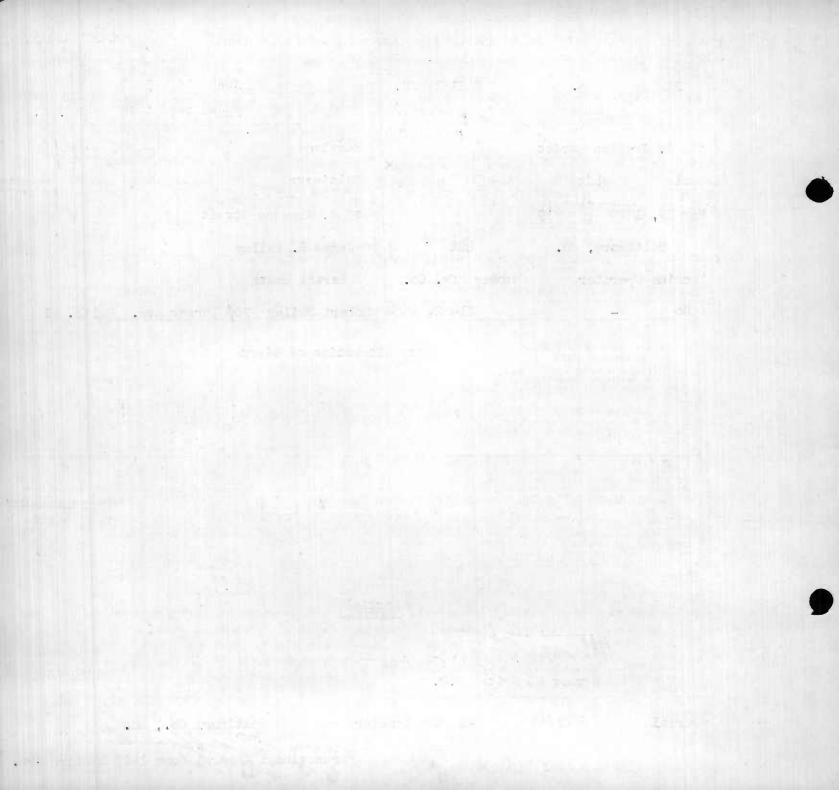




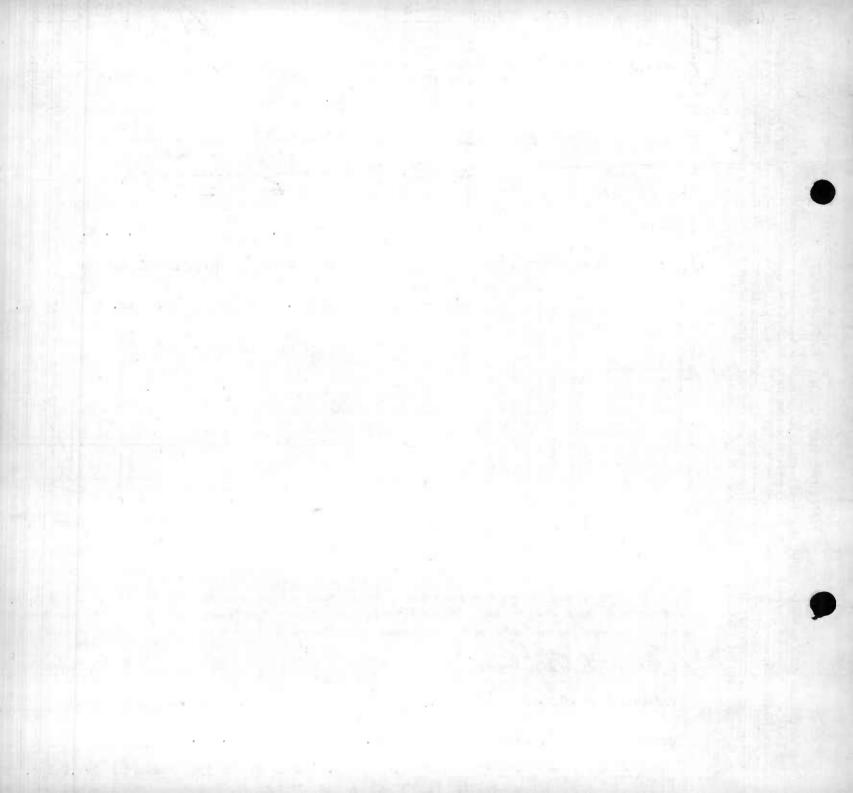
68- 6437 BALTIMORE CITY HEALTH DEPARTMENT

68- 6437

BIR	TH NO.		MILD	ICAL	. L	AMIIATK2	LKIIII	CAIL OI	DLAII	REG. N	0		100
	NAME OF DEC	EASED					2. DATE	Known 🗆	Month	Day	Ye	or Haur	
(Тур	JAMES		R.		P	SAILEY, JR.	OF DEATH	Estimoted 🖫	June	16.	1968		
4. 1	LACE IN BALT	IMORE, MA		HERE PI			3. DATE	- 11	Month	Doy		ear Hour	М.
FUL	L NAME OF	(IF NO	T IN HOSPITA	LORINS		N, GIVE STREET	PRONOL	JNCED DEAD	June	18,	1968	8:2	7 A.
HOS	PITAL INSTITUTION	ADDRE	SS OR LOCA	IION)			6 HCHAID	ESIDENCE (Where					М.
	22 S. Kı	esson	Street				A. STATE Mary			B. COUNT		6 Af	155,00)
6. 5	EX	7. RACE		B. MARE	IED [NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE	CITY LIM	ITS?	1
	male	whi	te	WIDOV		_	Balt	imore			YES 🗓	NO 🗆	
	ATE OF BIRTH		10. AGE (Ir last birthda	yeors	If Und	der 1 Yr. If Under 24 Hrs. s Days Hours Min.		ND NUMBER					
	ay 29,]		39					. Kresson	Street				4151
13.	BIRTHPLACE (S					TIZEN OF HĄĮ COUNTRY?	13. FATHER						
		imore,				USA	Jame	es R. Bail	ey				
14A	USUAL OCCU	PATION (Give	e kind of work	4B. KINE	OF B	USINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	ME				
M	achine (nerato	פה וו ויפווים	Rul	ober	Mfg. Co.	Ben	rtha Heath	1				
16.	WAS DECEASE	D EVER IN	U.S. ARMED	FORCE:	5?	17. SOCIAL	18. INFORM			-	ADDRES	S	
(Yes	, na or unknown) No	(If yes, give v	var or dates	of service)	214 24 9684	Robert	t Bailey	706 Da	reav l	N/O	Balto,	21
	19.	2				CAUSE OF DEA		o zamo,	100 20	1009 1	146.	APPROXIMATE BETWEEN ONSET	
	DICTACI	OR COMP	ITION DIDE	TIV								BEIMEEN ONSEI	AND DEATH
		E OR COND EADING TO		-ILY		Fatty A	lterati	on of Live	er		•		
	(This does no	ot meon the	mode of dy			(A)IMMEDIATE O	AS A CONSEQ	UENCE OF:					
		asthenia, etc.											
		NTECEDENT		00000		(B)	AS A CONSE	DUENCE OF	ena cumatir salo ena ena CD salo ado ado ado ado ado CD ado CD	t nite 100 nite nite nite nite nite nite nun nite nun nite nun			
	RISE TO THE	ABOVE CA	USE (A) STAT	ING THE		DOE 10, OK	AS A CONSE	JUENCE OF:					
z	UNDERLYIN	IG CONDITI	ON LAST.			(c)							
ERTIFICATION	581.0	2)	11										
\dot{\dot{\dot{\dot{\dot{\dot{\dot{		IFICANT CON											
E	DISEASE OR	CONDITION	GIVEN IN PA	RT 1 (A)									
8	20A. DATE OF	OPERATION	1 20B. CON	NOITION	FOR V	VHICH OPERATION W	AS PERFORM	IED			21. A	UTOPSY? (Ye	s or No)
O	2											Yes (p	artial)
M		VAL CAUSE			22B. PI	ACE OF INJURY (e.g., farm, factory, street, affic	in or about 2	2C. WHERE DID	(If in Baltimor	e City, give	exoct locot	ion)	
MEDI	UNDERLYING UTING CA				nome,	idim, idelory, sireer, diric	e bidg., etc.) ii	WORL OCCOR:					
Σ	22D. TIME (ay) (Year) (Hav	r) 22	E.INJURY OCCURRED	2	2F. HOW DID IN	JURY OCCU	IR?			
	OF INJURY (APPROX.)				m. W		WHILE ORK						
	23.	ify that I h	ald an I				rtiat	and that on t	nie basis	death in a	ny golni		
				-								411	
	result	ed from: N	aturol cau	ses A	Ac	cident Suicio			Undetermin		er L		
	ACTUAL	fil.	0	11		2_		CHIEF MEDICAL I				DATE SI	GNED
	SIGNATU	JRE ULL	Sul	16	70	M.D	ASSI	STANT MEDICAL	XAMINER	LXI			
	EXAMINE NAME (T	R'S We	erner l	J1 Sp	itz	, M.D.	ASSC	CIATE MEDICAL I	XAMINER			6/18/	68
	BURIAL CREA		4B. DATE		240	NAME of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, to	awn, ar co	ounty) (S	itate)
	MOVAL (Specif Burial		6/21/6	_		ak Lawn Come			ltimor	e Co.	Md.	/	
254	. DATE REC'D	BY HEALTH I	DEPT.	25B. N	IAME (OF REGISTRAR	25C	HINERAL DIRECT	Sur	de	ADDRE	se	
		HIM 9	4 1968	12.0	B	9 Faloure	Br	uzdzinski	Lunera	Klome	= 140	7 Easte:	rn Ave.
VS	151-REV. 1/1/6B	THIN &	* 1900	YOU	See !!	5 6 0	0	4 0	5				



511	68- 6438 BALTIMORE CITY HEALTH DEPARTMENT	6438
7.7.05	CERTIFICATE OF DEATH	0400
and eath ase th th	NAME OF DECEASED 2 DATE AND HOUR OF DEATH	
SOCO	FRUOLD CLARENCE ROMBERGER 6-1968 7	2:50 A M
A) -E	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence	befare admission)
hospit ise of (5) De ance deatl	111 011/ 1010	ALC: N
	OSPITAL OR ADDRESS OR LOCATION)	00
attend ior to	BAITIMARE VEETING	поп
5	FRANKLIN SQ. HOSPITAL E. STREET AND NUMBER,	
9.	1924 Victor Frie	
po	SEX 6. RACE 7. MARRIED ALTERY MARRIED 8. DATE OF BIRTH 9. AGE (In years 1) (Under 1 Yr.	if Under 24 Hrs.
Ē	MIDOWED DIVORCED 4-22-96 lost birthday Manihs Days	Haurs Min.
S		WHAT COUNTRY?
0	ne during most of working life, even if retired)	
	Florist Shawokin Pa. U. S. A. FATHER'S NAME	
dispo	DAM ROMBERGER WAPTHA ABIGILL Eagan Wos Deceased Ever in U. S. Armed Faices? Security No. 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRE 21	
	Wos Deceased Ever in U. S. Armed Farces? 16. SOCIAL 17. INFORMANT ADDRES	021
ם	No 212-10-7417 William A. Romberger Arbutus Ave. Bra	
	18. / / APPROX	IMATE INTERVAL
0	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
6	LEADING TO DEATH (A) IMMEDIATE CAUSE Congestive flat Facher	
DE	Times does not mean me made at dying, e.g., DUE TO, OR AS A CONSERVIENCE OF:	
bo	heart failure, asthenia, etc. II means the disease, injury at complication which caused death.)	
DE E	ANTECEDENT CAUSES whether lengthe thyper knowing Carolis-	
0 0	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF	***************************************
0	underlying condition last. (c)	
Ê	ON CENTRAL MOST	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
9	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19.4. DATE OF OPERATION 19.B. CONDITION FOR WHICH OPERATION 20.A. AUTOPSY? (Yes or No) 20.B. IF YES, WERE FINDINGS CONSIC IN CERTIFYING CAUSES OF DEATH?	ERED
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDING'S CONSIDERATION IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Baltimare City, give exact to	
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in all about 21 C. WHERE DID	cotion)
	OR CONTRIBUTING CAUSE OF home, farm, foctory, street, office bldg., INJURY OCCUR?	
	21D. TIME (Month) (Day) (Year) 1Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	OF INJURY While At Not While	
	Work At Work	
	22. I certify that (I) (this haspital) attended the deceased fram	19,
	that (1) (we) last sow the deceased alive an	red on the date
	and haur and fram the causes stated abave. (1) (We) (did) (did not) view the body after death.	
	23A. SIGNATURE 23B. DATE SIGNE	D
	When his Manual lineans M. Dorgoss Phys. Director Phys.	
3	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	
)	NAME (Type) A LIPLES A RAPERCE TOTICES TO TONISH SO ILONDIT	111/
1	A. BURIAL CREMATION, 124B, DATE 124C, NAME of CEMETERY of CREMATORY 124D, LOCATION (City, town, or county)	15111
	REMOVAL (Specily)	(Stote)
Written	Burial June 22, 1968 Loudon Park Com. Balto. Md. A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADD	
	$G_{10} = 0.4600G = 0.000$	RESS
	JUN 2 4 1968 Robert E. tadient G. Truman Schwab 3512 Frederick Ave	e.Balto. M
	150-REV. 1/1/6B	



VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

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BALTIMORE CITY HEALTH DEPARTMENT

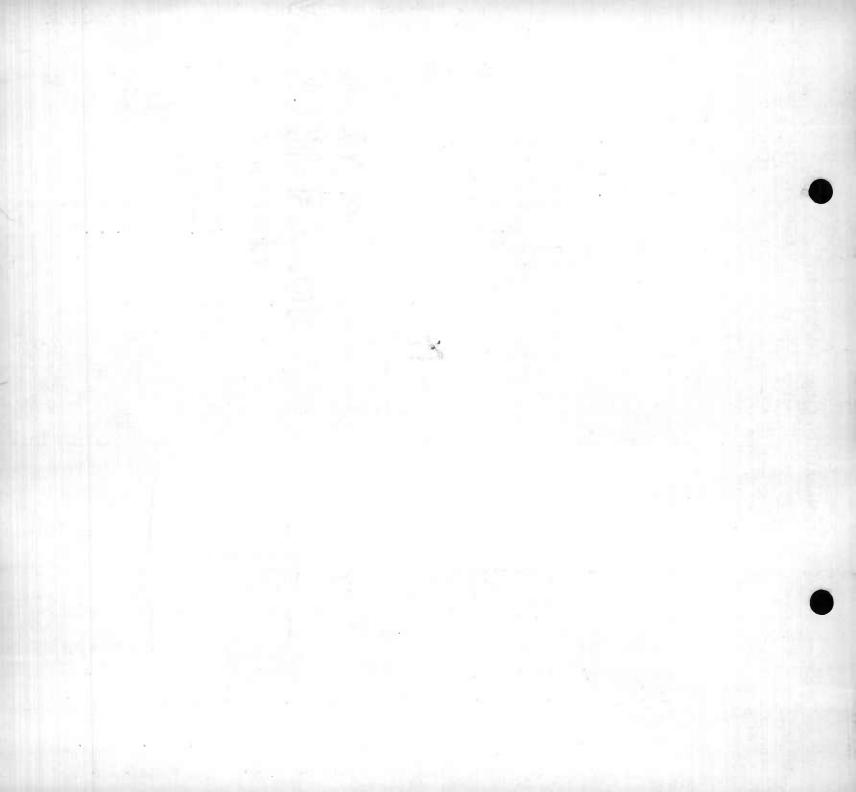
REG. NO. 68- 6440

9	BIRTH NO.	CERTIFICA	I E OF DI	EATH	
	1, NAME OF DECEASED			2. DATE AND HOUR OF DEA	тн
	(Type or Print)			6/10/400	D'CCA.
Ш	George J. Watkins	A D. A. D.	TA HISHAI DESIR	DENCE Where declared fixed	A Line litution; see idence belose admission)
П	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	BUNCED DEAD	A. STATE	B. COUNTY 1	institution: residence before admission)
1	EILL NAME OF THE NOT IN HOSPITAL OF INST	THE CIVE STREET	nonle	1 Rall Fin	: e (its)
II	FULL NAME OF (IF NOT IN HOSPITAL OR INSTI	ITOTION, GIVE STREET	C. CITY OR TOW	N DOLLIP	NSIDE CITY LIMITS?
ij	INSTITUTION			1 77 7	
ļ	The Union memori	0117-0-11	Buetin	norl dito	YES WO WO
		al mosbiral	E. STREET AND	NUMBER 1/	1
	44	4	1906	MINIX COLRAC	Aulawal
	5. SEX 6. RACE 7. MARRIEI	NEVER MARRIED	B. DATE OF BIRT	H 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	10 1 1 1 1 K		0. 3	tost birthdoy)	Months Doys Hours Min.
	mile White WIDOWE		01-2	106 62 yr	5
		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY
	done during most of working life, even if retired)	101 DO 1	n. a		
	WIRE CRANGE ST	a rear	marc	4 Marca	
	13. FATHER'S NAME		14. MOTHER'S	MAIDEN NAME	
	CHERRY TINY	+ Lina	12:00	100 117n	フ
	Is Was Deceased Even in 11 S Armed Former?	1) 6 SOCIAL	17 INFORMANT	NUMEX	ADDRESS
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	SECURLY NO.	INFORMANT	1 14	Jame as
	Can Kn -	213-01-4201	1408 9.1	an M 117a	the Donne
	1B. 4 / 2 4/	CAUSE OF DEAT	H W	14 1000	APPROXIMATE INTERVAL
	FIXIT	CAUSE OF BEAT	"		BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY		P	1 1/0	47.0
	LEADING TO DEATH	(A)IMMEDIATE CAL	JSE - GOND	Astive Her	El. Kythal
	(This does not meon the mode of dying, e.g heart foilure, osthenio, etc. It meons the diseas		A CONSEQUENCE	OF:	
	injury or complication which coused death.)	σ,	1		
	ANTECEDENT CAUSES	A	C 4	1.0	~
	ANTECEDENT CAUSES	(B) - LL	· J - C.	V, V	
	DISEASES OR CONDITIONS, il ony, givin		A CONSEQUENC	E OF:	
	rise to the obove couse (A) stoting the		Rolls		a total
	ONDEREING CONDITION ISSI.	(c)	7		
	_ H22.1 II	_ The	ural ef	Insine 2015	12 600cc L
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		Scan De VI	1.1689 6	10.81
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		angely	apprin , u	wes tuck
	19A. DATE OF OPERATION 198, CONDITION FOR	WHICH OPERATION	20 A. AUTOPS		RE FINDINGS CONSIDERED
	WAS PERFORMED			IN CERTIFYING	CAUSES OF DEATH?
	U 21 A. ACCIDENT WAS UNDERLYING 2	B. PLACE OF INJURY (e.g.,	in or about 21 C. W	HERE DID //f in Bolti	more City, give exact location)
	OR CONTRIBUTING CAUSE OF	ome, form, foctory, street, o	ffice bldg., INJURY	OCCUR?	more city, give exact localion,
	DEATH (notify medical examiner)	tc.)			
	-	E. INJURY OCCURRED	21 F. H.	OW DID INJURY OCCUR?	
	\$ 01 1143081	Vhite At Not Whi	le 🖂		
		Vork At Work		- /	
	22. I certify that (+)-(this haspital) attended	the deceased from	2 . 5 //	9/ 1968 10	19
		/ /	10/ 110		
	that (1) (****) last sow the deceased olive on	<i>D</i> /	10/ 19.100	and that in (4177) (our)	opinion death accurred an the dot
	ond hour and from the causes stated above.	(1) (We) (did) (did not)	view the bady a	fter death.	
	23A. SIGNATURE				23B. DATS SIGNED
	10/1/	nak Ath	ending [] M	ed. Staff	1/2/
	- / amoull	SEGREE Phy	rs. Di	irector Staff Phys.	6/19/68.
	23C. PHYSICIAN'S		23 D. ADDRESS		/ (
	NAME (Type)				ı
		DEGREE			
	24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY OF CR		24D. LOCATION	(City, town, or county) (State)
	Burial 622-68	Holy Redeemer	(emetery	Baltimore,	III riyana
	200000	OF REGISTRAR		AL DIRECTOR	ADDRESS
		AL CHESTON			
ĺ	JUN 2 4 1968 R.D.	AN CONTRACTOR AND	John C.	, PULLER Inc041	15 Belair Road-21206

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BALTIMORE CITY HEALTH DEPARTMENT

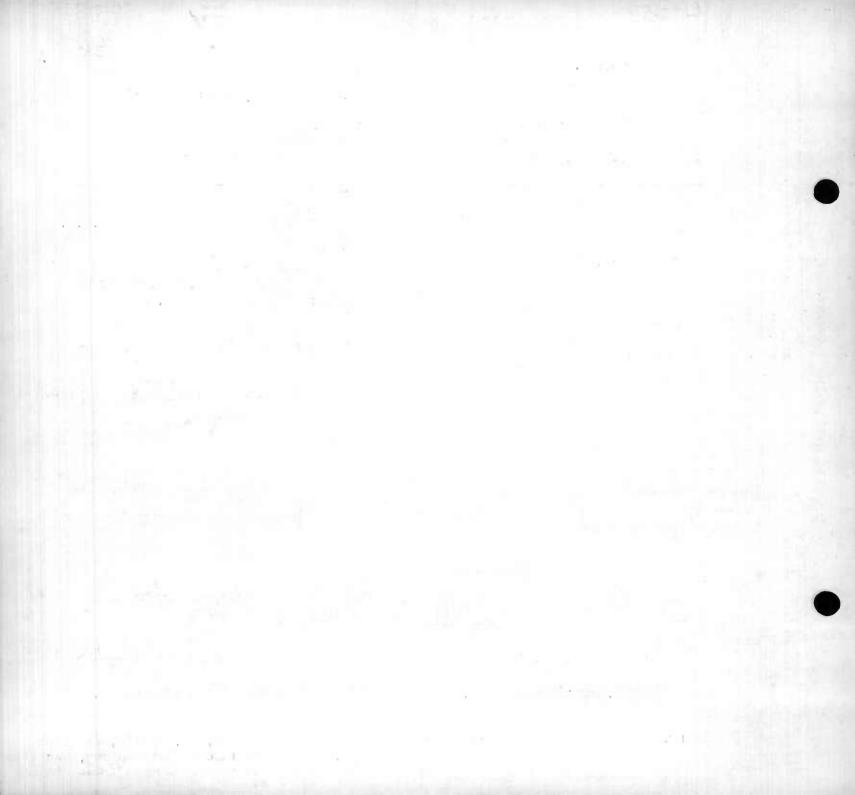
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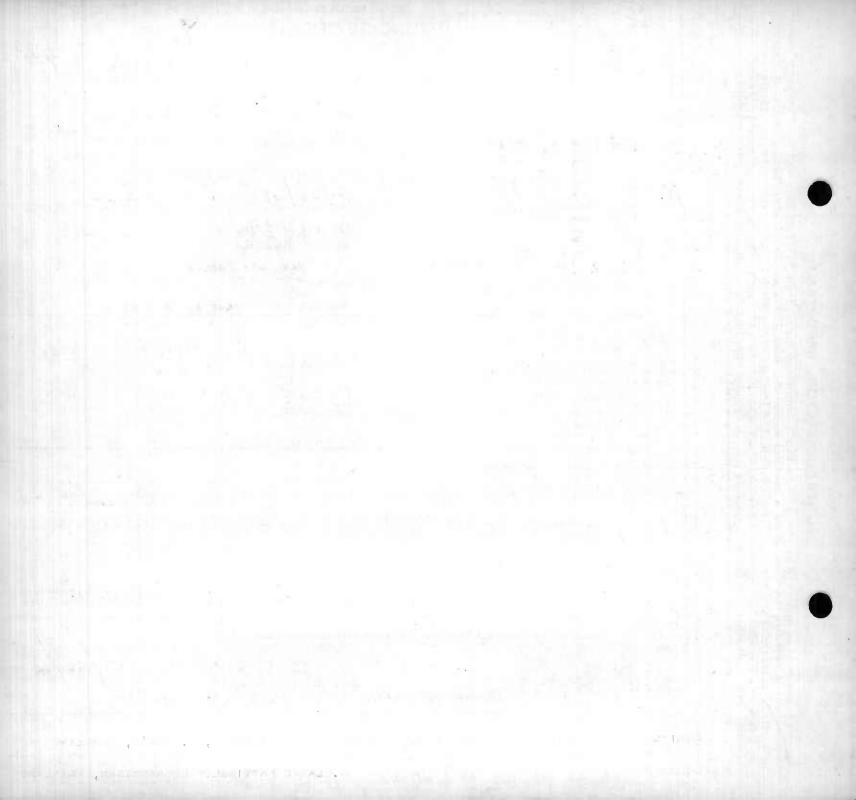
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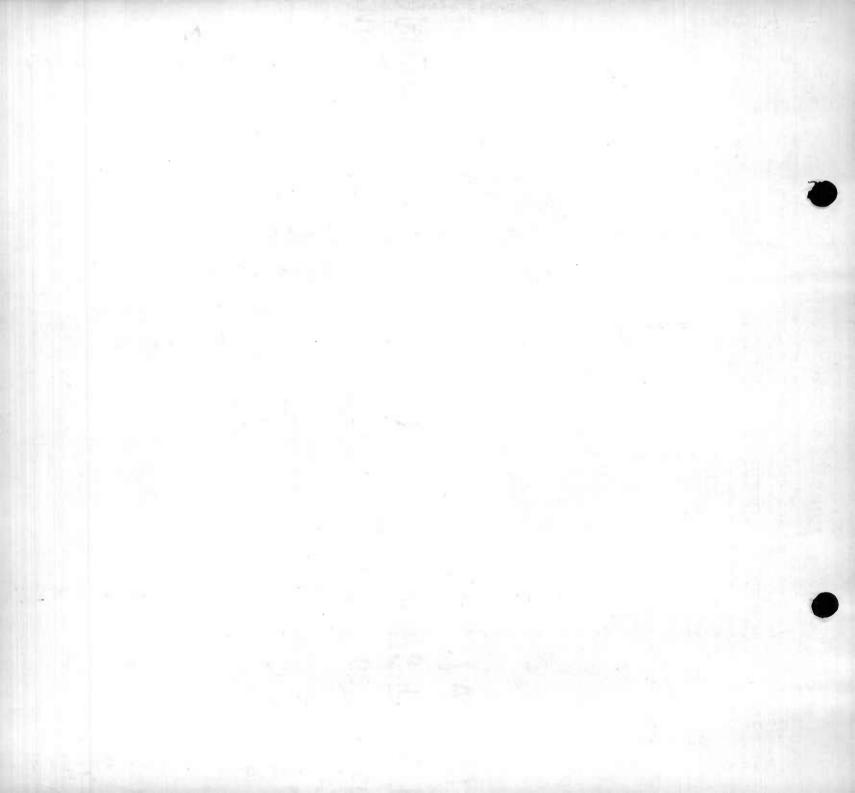
	00 (10)				68-6443
BIR	RITH NO annulumbe 2008 - 6443 CERTIFIC	ATE OF [DEATH RE	Ġ. NO	00 0440
Ty	NAME OF DECEASED Brian DILTZ		2. DATE AND HOUR	OF DEATH	1130
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RE	SIDENCE (Where deceased B. COUNTY	lived. Il institutio	on: residence before admissi
HC	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)		LAND		ARUNDEL TY LIMITS? 32/10
•	THE JOHNS HOPKINS HOSPITAL	ANNAF	POLIS	YES	□ NO
00	33 BALTIMORE, MD 21205	E. STREET AN	2ND STREET	GREENV	WOOD ACRES
. 5	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF B	IRTH 9. AGE (In lost birthdo		Inder 1 Yr. II Under 24 H oths: Doys Hours: Min.
2.4	WIDOWED DIVORCED				+ 10
	A. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUST ne during most of working life, even if retired)	RY 11. BIRTHPLAC	CE (State or lareign country)	12.	CITIZEN OF WHAT COUNT
			VID .		4.SH
13.	FATHER'S NAME	14. MOTHER'S	S MAIDEN NAME		
	CALVIN O DILTZ	BARBA			
	Was Deceased Ever in U. S. Armed Forces? (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMAN	NT.	1	ADDRESS
		CALV.	IN DILT	7	#E4
	18. CAUSE OF DE	ATH			BETWEEN ONSET AND DE
	hearl failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoting the	RNITAL AS A CONSEQUEN	HEART DISH NCE OF: CULAR CAN	ease —	4 mount
		1/19/17/21			
	(0)	-VRNTRI	outar can	AL.	
ATION	754. 5 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL PULM MY		TRRY BANDA	o · · · · · · · · · · · · · · · · · · ·	енпон, 32h
9	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 13A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	ARY AICI	TERU BANDA	ue opien	NGS CONSIDERED
ERTIFICATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 13. DATE OF OPERATION WAS SCONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21A. ACCIDENT WAS UNDERLYING 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (6.)	ARY AKI	PSY? (Yes or Not) 208, IF IN CERT	UC OPIEA TES, WERE FINDIN FYING CAUSES	NGS CONSIDERED
EDICAL CERTIFICATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 13. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At The Month of the Month	20A. AUTO	PSY? (Yes or Not) 208, IF IN CERT	TES, WERE FINDING CAUSES O	NGS CONSIDERED OF DEATH?
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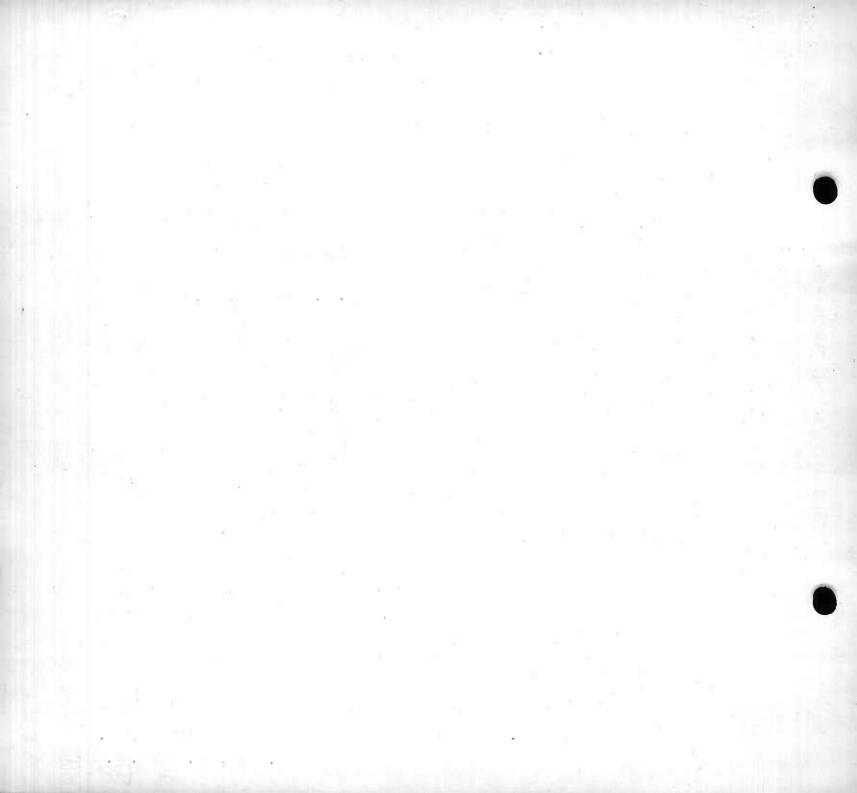
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51-92-36	L-3/0	HEALTH DEPARTMENT
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h o c	Maude E. Latham 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
hosp ise (5) and dec	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland St. Mary's Co. CITY OR TOWN D. INSIDE CITY LIMITS?
cau use; tend	Baltimore City Hospitals	Chaptico YES NO A
l in cau	3/ 4940 Eastern Avenue	E. STREET AND NUMBER
ed or der		General Delivery 20621
in i	MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
occur occur ontrib ermin regule sased is mag	WIDOWED DIVORCED	4-7-15 53
ath in dece	done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) Maryland U.S.A.
if de ect o was was	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
F _ E >s	Daniel Russell	Rose Ann Morgan
AN stant ind; eath	13. Wds Deceased Ever in U. 3. Armed Forces:	17. INFORMANT Baltimore City Hospita ADDRESS
Sist the the kin deed deed in a		Records: 4940 Eastern Ave. 21224
it as	18.200, 1 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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BALTIMORE CITY HEALTH DEPARTMENT

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IMPORTANT

FUNERAL DIRECTOR:

68- 6450	68-	6450
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BALTIMORE CITY HEALTH DEPARTMENT

68- 6450 REG. NO.

BIRTH NO.			CERTIFICA	ATE OF				
1. NAME OF DECE					2. DATE AN	ID HOUR OF	DEATH	
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3. PLACE IN BALI	IMORE, MARYLAND, WH	ERE PRONOU	NCED DEAD	A. STATE	B. COUN		/ed. IT Institution:	residence before odmissio
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA	L OR INSTITUTION)	TION, GIVE STREET	C. CITY OR	RYLAND TOWN		D. INSIDE CITY I	LIMITS?
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5. SEX	6. RACE	· MARRIED	NEVER MARRIED	B. DATE OF		9. AGE (In ye lost birthdoy)	ors If Und	er 1 Yr. If Under 24 Hr Doys Hours Min.
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3. FATHER'S NAM				14. MOTHE	S'S MAIDEN NA	ME		
Willi	AN EATO	N		SA	rah			
(Yes, no or unknown)	Ever in U. S. Armed Force (If yes, give wor or dotes	of service)	6. SOCIAL SECURITY NO.	17. INFORM	ANT	- 1		ADDRESS
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and have and	from the causes state	d above. (I)	(We) (did) (did not)	view the bac	ly after death.		15 15	
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23C. PHYSICIA NAME (T)	N'S (pe)	11-		23D. ADDRES	LUTH	TRAN	Hospin	AL.
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		CERTIFICATE OF DEATH REG. NO.
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f d ece on .	-	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, it institution: residence before admission)
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		Attending Med. Staff 6-22-65
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icate was r An ac	0	23C. PHYSICIAN'S NAME (Type) NIK T - 120 / 12 23D. ADDRESS.
certificat sody was vs: (1) An D.O.A. at	approva	4A, BURIAL CREMATION, 24B, DATE 24CNAME of CEMETERY OF CREMATORY 24D. LOCATION (City, Town, or county) (Stote)
£>€0.5	5 24	REMOVAL (Specify)
	ē	Burial 6-26-68 Loudon Park Cemetery Baltimore, Md.
This certifi the body v shows: (1) was D.O.A deceased	2	5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR
サキャッショ	3	JUN 24 1968 Resident O Watzke Funeral Director-4101 Ed-
	V	\$ 150-REV. 1/1/68

Letter from Franklin Square Hospital 6-25-68 M.H.

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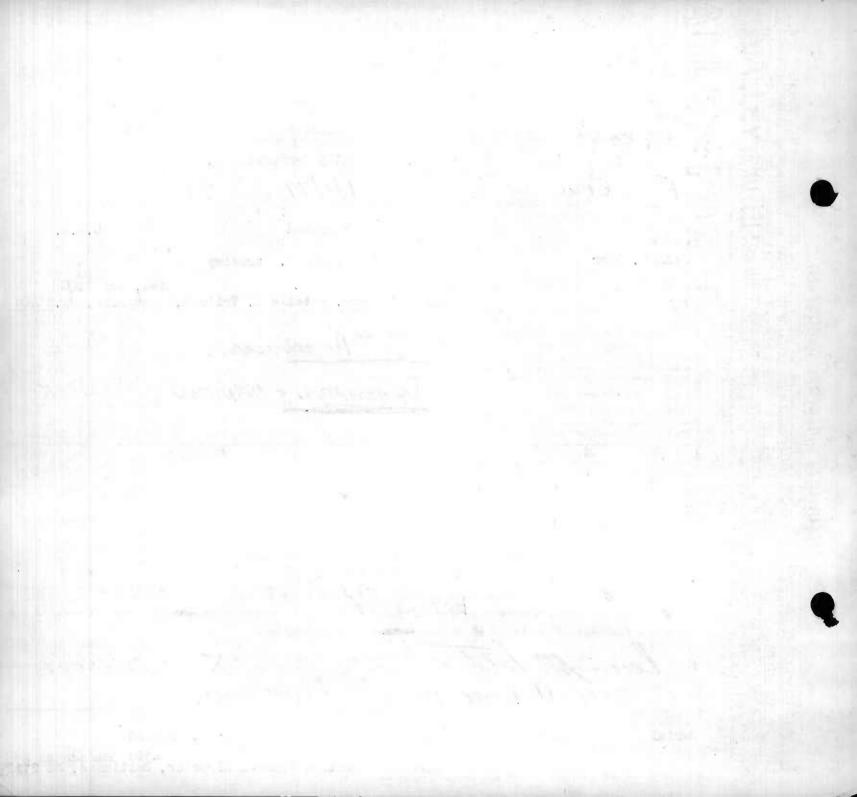
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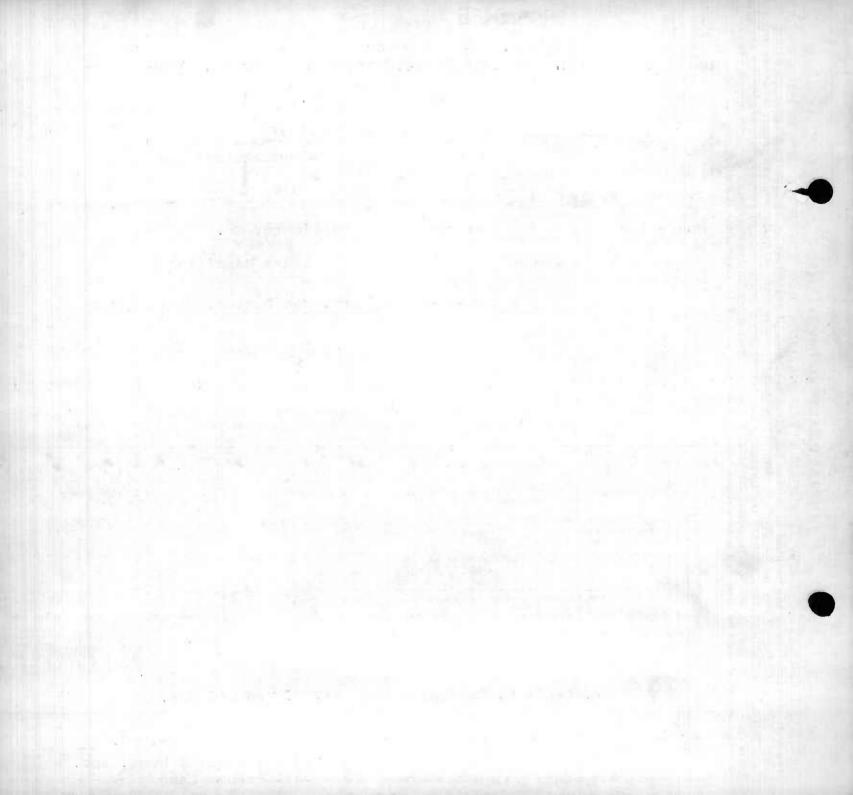
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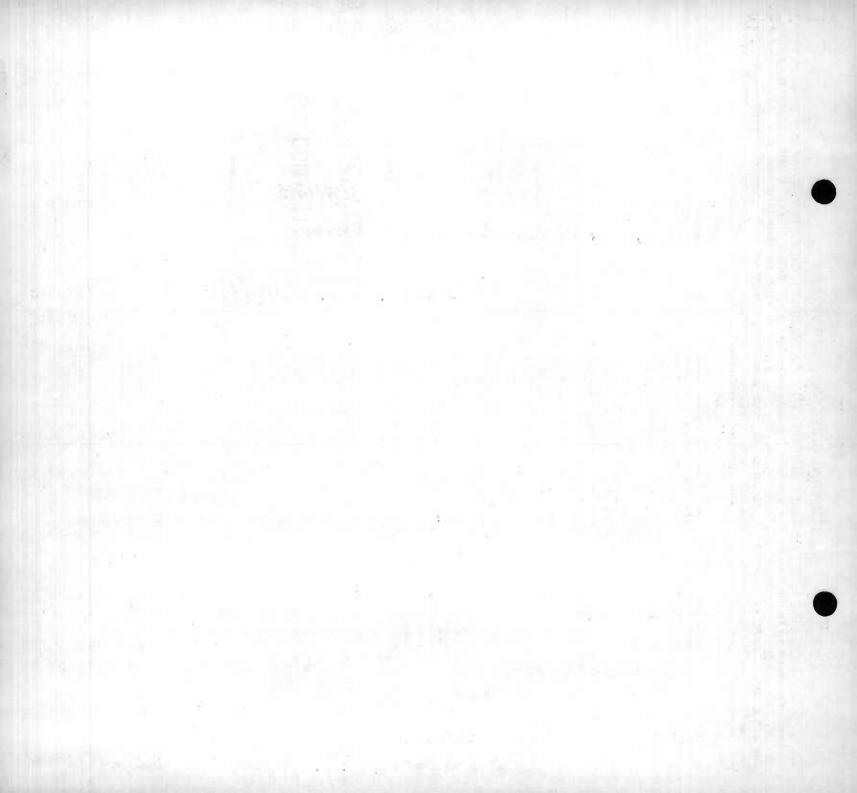
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CO_ CA	BALTIMORE CITY	HEALTH DEPARTMENT		68- 6456
68- 64	CERTIFICA	TE OF DEATH	REG. NO	00 0400
BIRTH NO.			HOUR OF DEATH O	
Type or Print) 11	- (1)	6/20/	1 62 1 1	
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3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUNT		lion; residence before admission
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3. FATHER'S NAME	0 0 1 0	14. MOTHER'S MAIDEN NAM	E	
Unknown		Unknown		
S. Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of servi	SECURITY NOV.	Mrs. Anna Sey	bold 5220 1	inden Heicht
NO NO	213-05-0040 .t	i ivis. nina sel	100 L	Janes Heryans
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heart failure, asthenio, etc. It means the dise	ose, DUE TO, OR AS	A CONSEQUENCE OF:		
injury or camplication which coused death.)		44)		
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) stating	The			
UNDERLYING CONDITION last.	(C)			
_ 763 X II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG A C	4		t-
TO THE DEATH BUT NOT RELATED TO THE TERMIT		0		Jans.
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES. WERE FINE	DINGS CONSIDERED
WAS PERFORMED	T. HILLON D. EKAHOR	NO	IN CERTIFYING CAUSE	OF DEATH?
w ()	1		nt	
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	fice bldg., INJURY OCCUR?	(It in Boltimore Ci	ty, give exact location)
DEATH (notify medical examiner)	etc.)			
O 21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY			• • • • • • • • • • • • • • • • • •	
(APPROX.)	While At Not While Work At Work	•		
22 1			6/ to pr	19
22. I certify that (1) (this hospital) attend	1114			
that (1) (we) last saw the deceased alive	an 6/19	19_ <i>(2.0</i> and tha	t in(my) (our) apinia	n death accurred an the
and haur and fram the causes stated above	ve. (1) (We) (did) (did_not)	view the bady after death.		
23A. SIGNATURE			123	B, DATE SIGNED
	Atte	ending Ned.		,
fren s. fr	DEGREE Phy	ending Med. Director	Staff Phys.	6/20/68
23C.PHYSICIAN'S	P. CHEL	23D. ADDRESS		
NAME (Type) LEON G.	SHEER M.D.	6715 PAN	AH HEIGH	475 AUG
	DEGREE			
	C. NAME of CEMETERY OF CR		CATION (City,	own, or county) (State
REMOVAL (Specify) Bunial 6/24/1968	Lorraine Park	Bal	timore Manu	land dsor Mill Road
500000		Jaco Funda di	Journal Weg	ADDRESS
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	(1.00 11).	1 M: // D
JUN 2 4 1968 OF Pro	Jo & , Johnson !!	101. Stansbi	vry 6417 Wine	ison mill kode

VS 150-REV. 1/1/68



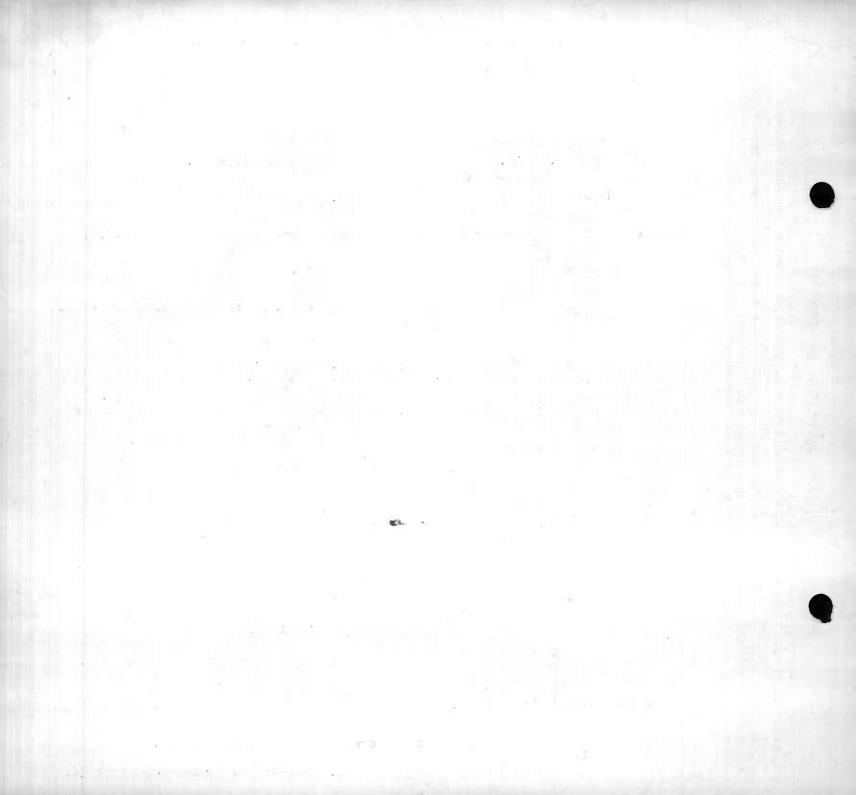
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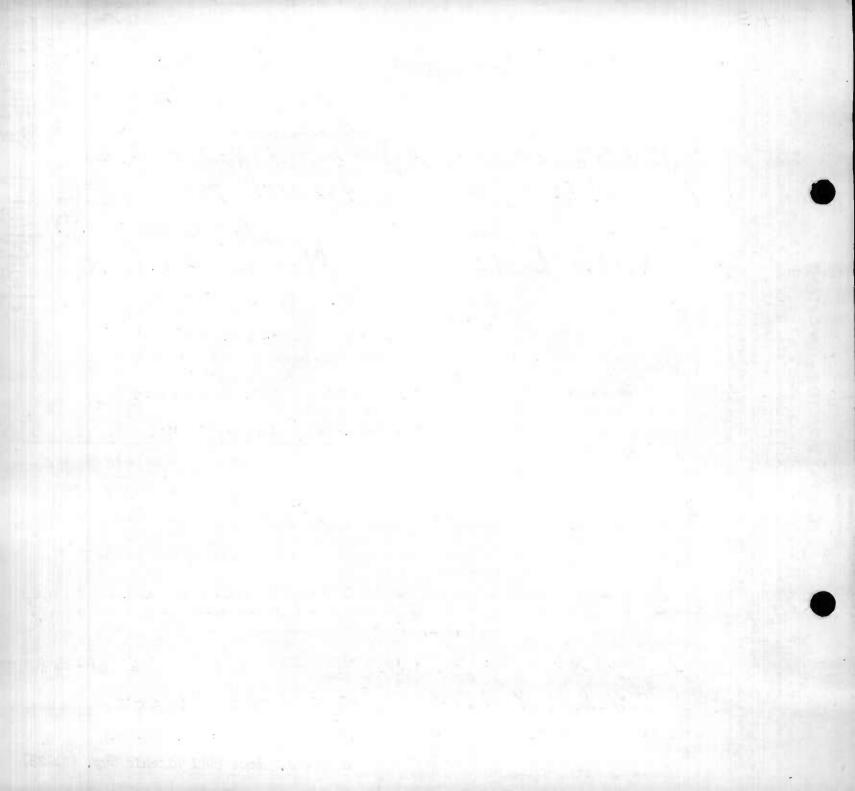
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BURGER PROPERTY

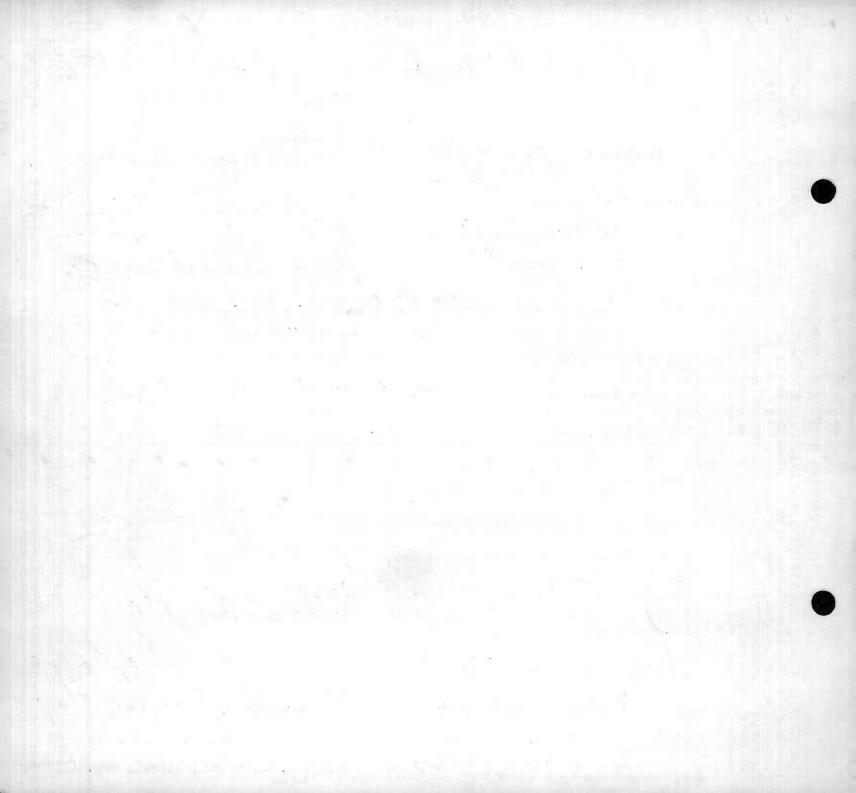
VS 150-REV, 1/1/68



10 11 d.	BALTIMORE CITY HEALTH DEPARTMENT 68-6460 REG NO. 68-6460
41-432	BIRTH NO. 68- 6460CERTIFICATE OF DEATH REG. NO. 68- 6460
f death eceased on the h. Such	1. NAME OF DECEASED 1. MOEh man 2. DATE AND HOUR OF DEATH (Type or Print) Ada V. Moeh man (Type or Print) Ada V. Moeh man
2 0 0 0 t	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY
2 50	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN D. INSIDE CITY LIMITS? [C. CITY OR TOWN D. INSIDE CITY LIMITS?]
l in a cause cause attention to	Baltmort YES NO DE STREET AND NOMBER
0	South Baltimore GENErah Hosp. 427 ANNaBEL AVE.
occurre ontribut ermined regular eased p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) WIDOWED DIVORCED 4-17-1889 19. AGE (In years hours Min, Manths Doys Hours Min,
th och con leterul	10.A USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) done during most of working life, even if retired)
if death ect or c (4) Undet was in the dec	Housewife NONE. //any/and. U.S.
5 5 E E E E	Victor Lantz. 15, Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
_ =	(Yes, no or unknown) (If yes, give wor or dotes of service) No Mrs. Louise Haas 427 Annabel Ave.
O 8 = 5 0 0 5	18 CAUSE OF DEATH
or his Also, e of a nounce attended med	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:
R: ner cer. cture pron	(This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart foilure, a stherio, etc. It means the disease, injury or complication which coused death.)
CTO camir amin A fra vho regu	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
RE (3)	rise to the obove couse (A) stating the UNDERLYING CONDITION lost. (C) & Lower live Pulm, Injurity.
AL D medical edical burns; hysicia	O THE DEATH BUT NOT RELATED TO THE TERMINAL
NER hiefr a m Sody the p	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FUI tai by e; (2) B here t No phy before	21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in ar about 2/C. WHERE DID NOT CONTRIBUTING CAUSE OF DEATH (notify medical exominer) 21 B. PLACE OF INJURY (e.g., in ar about 2/C. WHERE DID NOT COUR?
ospi ospi ature of W	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work At Work
pprove any ng (excep; and cobtains	22. I certify that ##(this haspital) attended the deceased fram 6-/2 19 68 to 6-/8 19 68.
254-00	that (we) lost sow the deceosed alive on
iust be leased ti ident o hospita o death	23A. SIGNATURE
e must releas accide a hos or to de	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 23D. ADDRESS
	Richard H. Mack. DEGREE 1213 Light Street.
certificat body was /s: (1) An D.O.A. at assed pric	24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24C. NAME of CEMETERY or CREMATORY Burial 24C. NAME of CEMETERY or CREMATORY Baltimore, Maryland (Stote)
This certif the body shows: (1) was D.O.(1) deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
ませる 3 点 3	VS 150-REV. 1/1/68 Géorge J. Gonce 4001 Ritchie Rwy. (21225)



7-645	68- 6461 CEDTIFICATE OF DEATH REG, NO. 08- 6461
Ped at	BIRTH NO.
onc eatl ase th th	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH
of deat of deat Decease e on th	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE Where deceased lived, if institution: residence before admission)
<u>u</u> – ; o	A. STATE B. COUNTY
hos Se Se on de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) Anne Arundel
cau se; se; to	INSTITUTION D. INSIDE CITY LIMITS?
E _ 2 + L	
ting d ca d ca prio	Franklin Square Hospital Rock View Boach
curr rribu mine gula sed	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months; Days Hours; Min.
	MIDOWED DIVORCED 7/8/13 54
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign cauntry) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired)
deoth or c Undet os in	Housewill MD USA
S is	13. FATHER'S NAME
r if c irect (4) ((4) t the ispo	William H. Wharton tanie Schannitural
AN thousand; tour ind; eoth	15. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor ar dotes of service) 16. SOCIAL 17 (UFFORMANT ADDRESS SECURITY NO.
RTAI ssisto the the kind deoi	No 2/10920/5 Mr. John F. Ireland Same
ORT assis if the iny king donce donce or fine	18.2 APPROXIMATE INTERVAL
his fo, fo, fo, den	DISEASE OR CONDITION DIRECTLY G. L. BLEEDING MASSIVE
Als Als	(A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:
R: ner ctur ctur ar	neari foliure, osinenio, etc. Il means me diseose,
O ming PE	ANTECEDENT CAUSES SEJUNAL DLCER, SUGE
CT Cam omi omi vho vho	DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
RE ex ex (3)	rise to the obove cause (A) stating the
O 0 - 10 0 vii	
AL I medice ledice burns hysic n wo remo	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
RA f me med y bu phy ion	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
W O B OF	19A. DATE OF OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
= + B + X =	
FU the al by (2) ere o ph	218. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
by why	<u> </u>
osp ostu (6)	OF INJURY
Ce h	Work At Work
pproprior the the cony (excopt	22. I certify that (I) this hospital) attended the deceased from 6/1 19 6/1 to 6/19 19
of of old	that (1) (we) last saw the deceased alive an
VT. + - +	and hour and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE
S O D O D E	23A. SIGNATURE Attending Med. Staff
ficate m was rel An occ A. at a l prior to	23D. ADDRESS NAME (Type)
W. A. P.	24A. BURIAL CREMATION, 24B. DATE 29C. NAME of CEMETERY OF CREMATORY 24D. LOCATION / (City, Jown, or county) / Stota)
dy Coo	REMOVAL (Specify)
This cert the body shows: (was D.O decease written	Burial June 24, 1968 Woodlawn Cemetery Baltimore, County, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
This the k show was dece	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 111N 2 A 1968 R C & C & C & C & C & C & C & C & C & C
. 4 . 7 . 7	VS 150-REV. 1/1/6B



68- 6462 BALTIMORE CITY HEALTH DEPARTMENT

00	~ -				-
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH PEG NO	0

MEDICAL EXAMINER'S O	CERTIFICATE OF DEATH REG. NO. 6	8-6462
BIRTH NO.	REG. NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE Knawn Manth Day	Year Haur
WARREN D. MATTHEWS	DEATH Estimoted 6 19 68	12:45 am.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Doy PRONOUNCED DEAD	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)		1968 12:45 ам.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residue. STATE B. COUNTY	dence befare odmissian)
2822 Eastshire Drive	Maryland	5-42
6. SEX 7. RACE 8. MARRIED NEVER MARRIED X	C. CITY OR TOWN D. INSIDE GERY LII	MITS?
Male White WIDOWED □ DIVORCED □	Balto. YES X	No 🗆
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Oct. 9, 1919 Instituted) Manths, Days, Haurs, Min.	E. STREET AND NUMBER	No. of the last
40	2822 Eastshire Drive	
11. BIRTHPLACE(Stote ar fareign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
Baltimore, Maryland WHOTCOUNTRY?	David Matthews	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Fainter Construction		
	Anna M. Rabber	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknawn)(if yes, give wenter dates of service) 17. SOCIAL SECURITY NO	18. INFORMANT ADDRE	SS
(Yes, no ar unknawn) (If yes, give werrar dates of service) 212-14-0972	Mr. Joseph Matthews Same	
19. CAUSE OF DEA	тн	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH (A)IMMEDIATE C	AUSE Insulin reaction	
	AS A CONSEQUENCE OF:	d ad an
injury or camplication which caused death.)		
ANTECEDENT CAUSES		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(c)	***************************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	4	-64
O THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21	AUTOPSY? (Yes or No)
O 7	TENT ONNES	
	is a should 22C WHERE DID 16th Delegan City of	YES
UNDERLYING TOR CONTRIB. home, farm, factory, street, affic	in or about 22C. WHERE DID (If in Baltimare City, give exact loc e bldg., etc.) INJURY OCCUR?	ation)
UTING CAUSE OF DEATH. Home	2822 Eastshire Drive	2572
OF INJURY (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(AFFROX.) 0 ? 08 ? m. WORK AT W	WHITE Received insulin shot	2179 6550
23.	***	
	taps XX and that an this basis, death In my opin	ian
resulted fram: Natural cousesAccident XX Suicident	de Hamicide Undetermined manner	
T 1100	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER XX	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Edward F. Wilson, M.D.		ne 19, 1968
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D, LOCATION (City, tawn, or	county) (State)
Burial June 21, 1968 Balto. Nat.	Cemetery Baltimore, Maryland	1
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRE	
111 9 4 10 CG 10 0 4 Q To 0 15	George J. Gonce 4001 Ritchie	e Hwy. (21225)
UN 24 1968 R. C. S.	06460	

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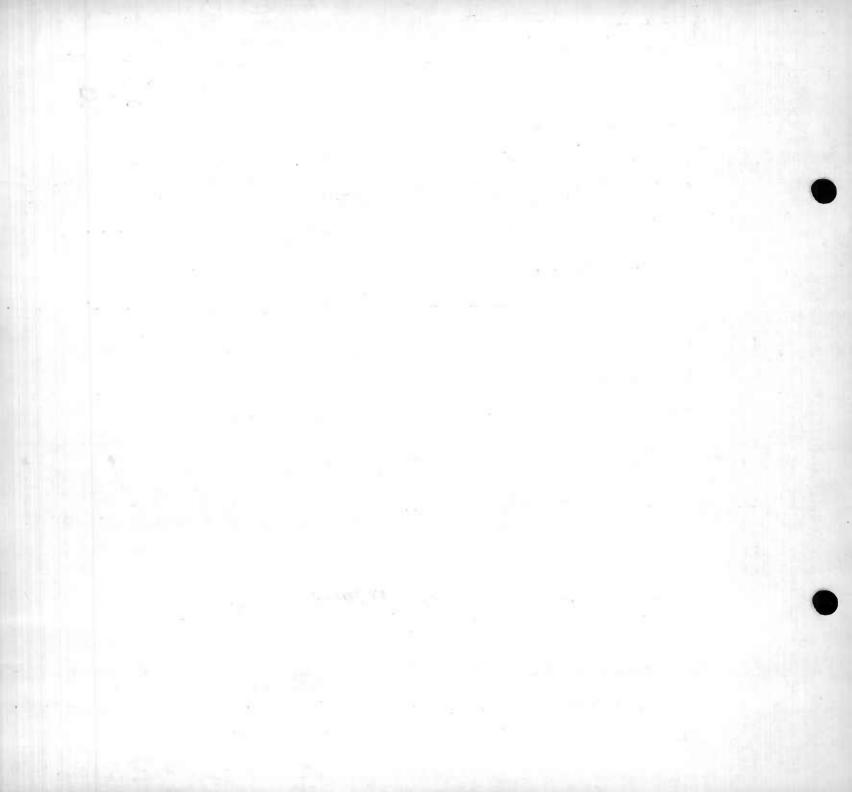
LOCI. E. C-RENZER BRORCH HOME + HOSPITAL

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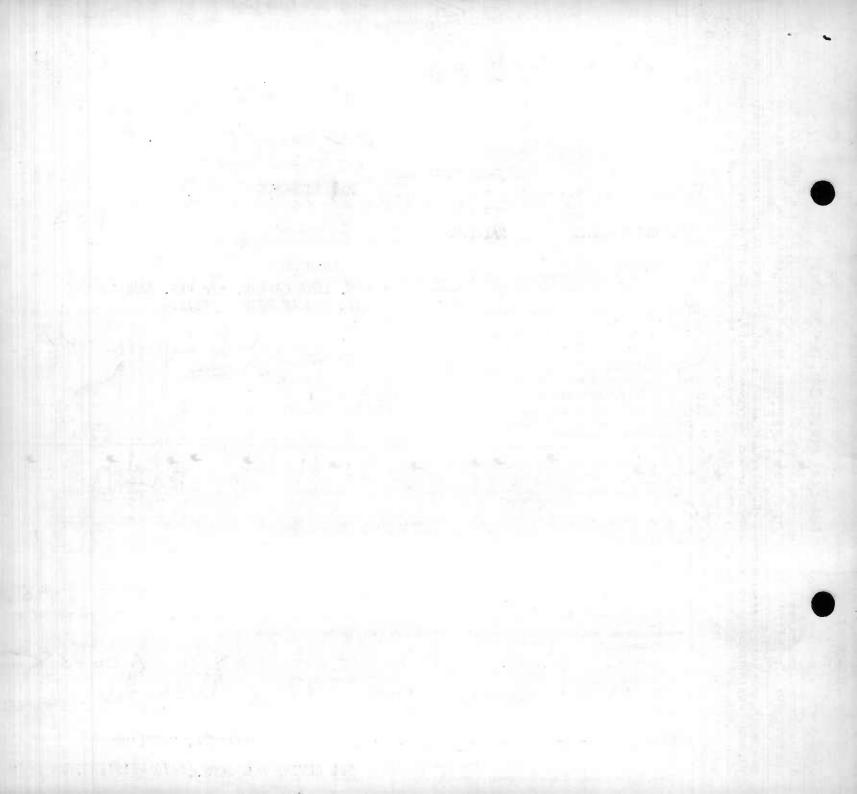
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7 ELR	V-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\	TE OF DEATH REG. NO.	68- 6464
Deceased te on the ath. Such	CERTIFICA	TE OF DEATH REG. NO.	
5 1	NAME OF DECEASED	2. DATE AND HOUR OF DEATH	10. 130
1	Type or Print PANERAS, Sideres.	20 June	162 P.M.
Ī	B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased fived. If in A. STATE B. COUNTY	stitution: residence before adulission)
-	FULL NAME OF UF NOT IN HOSPITAL OR INSTITUTION. GIVE STREET	Maryland	26-05
i	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) NSTITUTION OF THE PROPERTY O		DE CITY LIMITS?
J.	BALTIMORE CITY HOSPITALS	Baltimore	YES NO
1	4940 Eastern Ave.	E. STREET AND NUMBER	
ь	Baltimore, Maryland # 21224		21224
6.70	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years last birthday)	Months Days Hours Min.
	Male / With WIDOWED DIVORCED	8- /8 86 82	
	OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ľ	Steelworker retired.	Greece	U.S.A.
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Nicholas dec.	Phyllis Patranidec.	
1	5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	DOM D 1	# 21224
-	No 213-07-2974-A CAUSE OF DEAT	BCH: Records 4940 Eastern	Ave. Baltimore, Md.
	T × /1		BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	or An larman D	2 dans
	(A) IMMEDIATE CA! (This does not mean the made of dying, e.g., (A) IMMEDIATE CA! DUE TO, OR AS	A CONSEQUENCE OF:	
	heart foilure, asthenio, etc. It means the disease, injury or complication which scaused death.)		
	ANTECEDENT CAUSES	aestine heart	3 years
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS	A CONSEQUENCE OF:	
	rise Ia lhe above couse (A) sloting the UNDERLYING CONDITION lost.		
l	ONDERLING CONDITION 10SI. (C)		
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		A CONTRACTOR
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	me rend for	val.
ı	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE	FINDINGS CONSIDERED
1	OT. U. R. WAS PERFORMED clistmet	NO IN CERTIFYING CAN	USES OF DEATH!
П	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID (If in Boltimore	e City, give exact location)
	DEATH (notify medical examiner)		
	O 21D TIME (Month) (Day) (Year) (Hour) 21E IN HIPY OCCUPATED	21 F. HOW DID INJURY OCCUR?	
	OF INJURY (APPROX.) While At Not Whi Work At Work	e M	
	22. I certify that (I) (this hospital) attended the deceased fram	8 mars 1968 to 20	June 10 (- 8
			19 (00)
	that (I) (we) last saw the deceased alive on		nien death accurred on the date
	ond hour ond from the couses stoted obove. (1) (416) (did) (416 000)	iew the body ofter deoth.	loop DATE CICALED
	23A. SIGNATURE M. B.	nding Med. Staff	23B. DATE SIGNED
	Verse Leman . Deglee Phy	s. Director Phys.	20 June / 68.
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS 1- BACTIMORE	DCITY
	LENNON M.B. B. Siegree	940 Eastern Avenos PIT	A Baltimore, Md.
2	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	MATORY 24D. LOCATION (C)	ty, town, or county) (Stote)
	Barial 6/22/68 Greek Orth	dox Cem. Baitimore	e, Md.
2	54. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	JUN 2 4 1968 R. B. B. & STARBURG	Nicholas L. Matt	ve But more Mi
7	S 150-REV. 1/1/68	Darren Parker D	, 451 0/111010,10



C	-1.1-	CACE BALTIMORE CITY	HEALTH DEPARTMENT	68- 6465	
	68- 6465 CERTIFICATE OF DEATH				
No.	TH NO.	2, DATE AND HOU	IN OF PEATH		
	AME OF DECEASED	<i>(</i>	6-20-	15/ 1911 D	
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD		osed lived. If institution: residence before admission)	
HC	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Md Ball.	D. INSIDE CITY LIMITS?	
INS	NOITUTION		Reliance	YEST NO	
	160 (2		E. STREET AND NUMBER		
	Tadren to	56	2302 Harw		
S. S	EX 6. RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE	Un years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.	
1	1122	WED DIVORCED		53)	
	USUAL OCCUPATION (Give kind of work 108, KIN during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE State or foreign coun	12. CITIZEN OF WHAT COUNTRY	
uom		ALESMAN	Kussia	USH	
13.	FATHER'S NAME	ALCOMINATE OF THE PROPERTY OF	14. MOTHER'S MAIDEN NAME		
	UNKNOWN		UNKNOWN		
1S. Yes	Was Deceosed Ever in U. S. Armed Forces? ,no or unknown) (If yes, give wor or dotes of serv	ice) 16. SOCIAL SECURITY NO.	MRS. LENA CAPLAN, C		
	VO L	CAUGE OF DEAT	2302 HANWAY ROAD	#21209	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEAT	The disc	Julance on - 8 Ms -	
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise injury or camplication which caused deoth.)		A CONSEQUENCE OF	ties	
	ANTECEDENT CAUSES	Λς	111		
		(B)	A CONSEQUENCE OF	V	
	DISEASES OR CONDITIONS, if any, gi	3	A CONSEQUENCE OF:		
	UNDERLYING CONDITION last.	(c)			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIT		12 bledung	-Asgualion	
ERTIFICA	DISEASE OR CONDITION GIVEN IN PART I (A). 19 A. DATE OF OPERATION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or Nol 20B, IN C	IF YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?	
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimore City, give exact location)	
D	21D. TIME (Month) (Doy) (Year) (Hourl	21E. INJURY OCCURRED	21F. HOW DID INJURY O	CCUR?	
2	OF INJURY (APPROX.) While At Not While At Work				
	YVOIK AT YVOIK				
	22. I certify that (1) (this haspital) attended the deceased from 0-1 196 Y to 6 2 190 N, that (1) (we) last saw the deceased alive an 6-2 19 ond that in (my) (our) opinion death occurred on the date				
	and hour and from the couses stated obave. (I) (We) (did) (did not) view the body after death.				
	23A. SIGNATURE 23B. DATE SIGNED				
Attending Med. Stoff Phys. 6-20-6					
	23 C. PHYSICIAN'S:				
	NAME (TYPE) Am Latagor me deva Hosp. tal.				
244	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION City, town, or county) (Stote)				
	Dine is	AR ZION TIFERETH	I ISRAEL BALTIM	ORE, MARYLAND	
2SA		ME OF REGISTRAN	25C. FUNERAL DIRECTOR	ADDRESS	
1			O SOL LEVINSON & BR	OS. 6010 REISTERSTOWN ROAD	
VS	/s 150-RFV, 1/1/6B				



VS 150-REV. 1/1/68

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W-232	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 68-6468
	1. NAME OF DECEASED (Type or Print) JOSEPH WOJTKIEWICZ 2. DATE Knawn Manth Doy Year Haur OF DEATH Estimated June 22, 1968 10:30 A.
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) 3. DATE PRONOUNCED DEAD June 22, 1968 10:30 A
	OR INSTITUTION 6201 Marietta Avenue 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE Maryland B. COUNTY
	6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS? Male White WIDOWED DIVORCED Baltimore YES X NO
	9. DATE OF BIRTH 10. AGE (In years If Under Yr. If Under 24 Hrs. E. STREET AND NUMBER Hours Hours
	11. BIRTHPLACE(State or foreign country) Massachusetts 12. CITIZEN OF WHAI COUNTRY? Martin Wojtkewicz
	14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired)
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ves. no. pr. unknown)/(If yes., give wor ar dotes of service) SECURITY NO.
A POST	Yes WW 2 029-10-7747 Mrs. Mabel L. Wojtkiewicz (Same) CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Prostate (A)IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No)
	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in ar about home, form, foctory, street, office bldg., etc.) 22C. WHERE DID (If in Boltimore City, give exact lacation) 1NJURY OCCUR?
	22D. TIME (Manth) (Day) (Year) (Haur) 22E.INJURY OCCURRED WHILE AT WORK 22F. HOW DID INJURY OCCUR? WHILE AT WORK 22F. HOW DID INJURY OCCUR?
	I certify that I held an Inquiry Inspection X Autopsy and that on this basis, death in my apinion
	resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED SIGNATURE ASSISTANT MEDICAL EXAMINER X
8 5	EXAMINER'S Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER June 23, 1968 NAME (Type)
	24A. BURIAL CREMATION, REMOVAL (Specify) Burial 6/26/68. Baltimore National Cemetery Baltimore, Md.
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, Inc. Balto.Md. 21214

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BALTIMORE CITY HEALTH DEPARTMENT

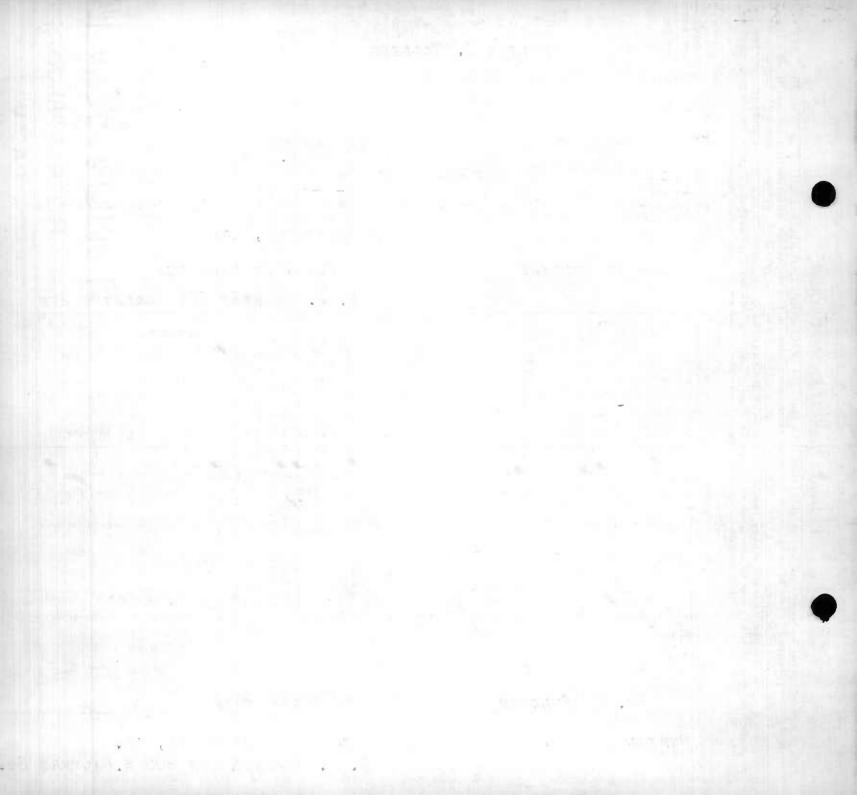


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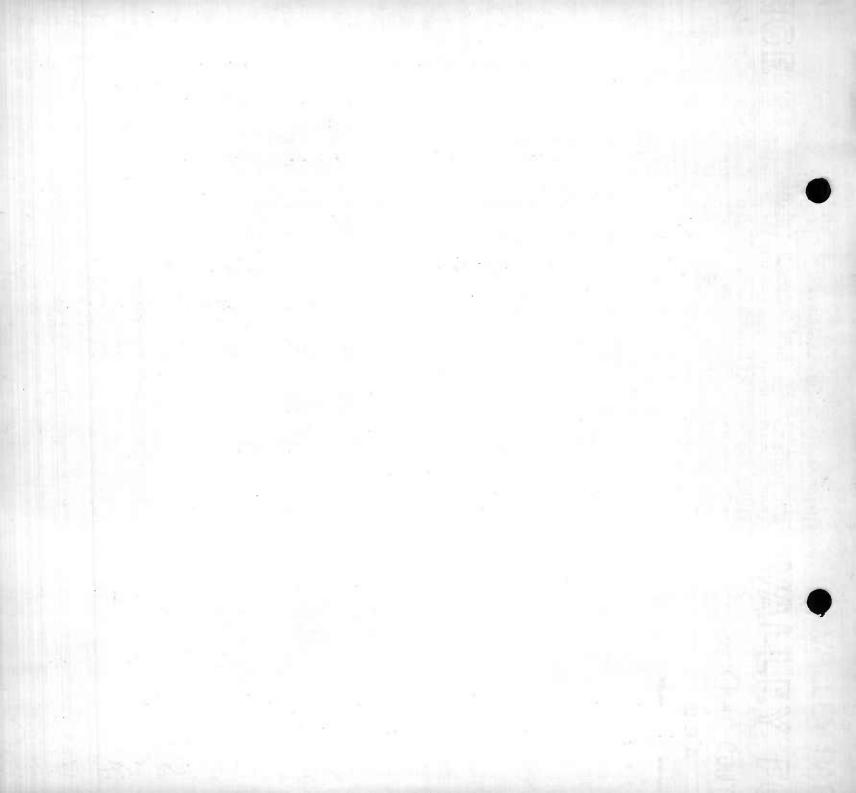
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BALTIMORE CITY HEALTH DEPARTMENT 2:25 p. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
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B. COUNTY D. INSIDE CITY LIMITS? YES X NO If Under 1 Yr. Manths! Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS BETWEEN ONSET AND DEATH Lour 27100 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) and that In(my) (aur) opinion death occurred an the date 23B DATE SIGNED The Johns Hopkins Hospital (City, town, or county) (State) ADDRESS VS 150-REV. 1/1/6B



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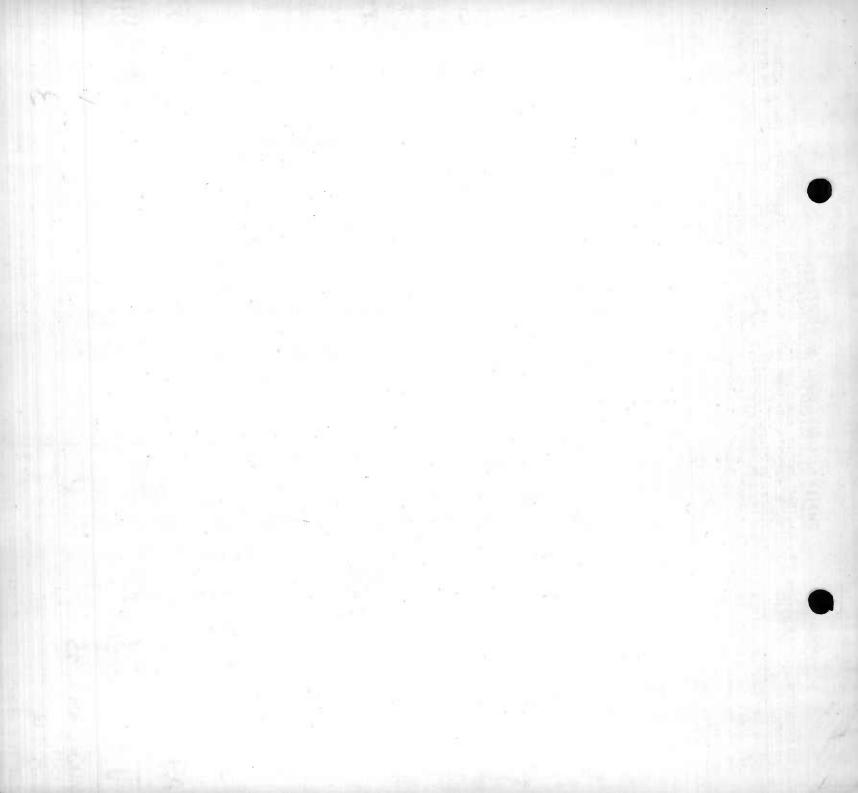
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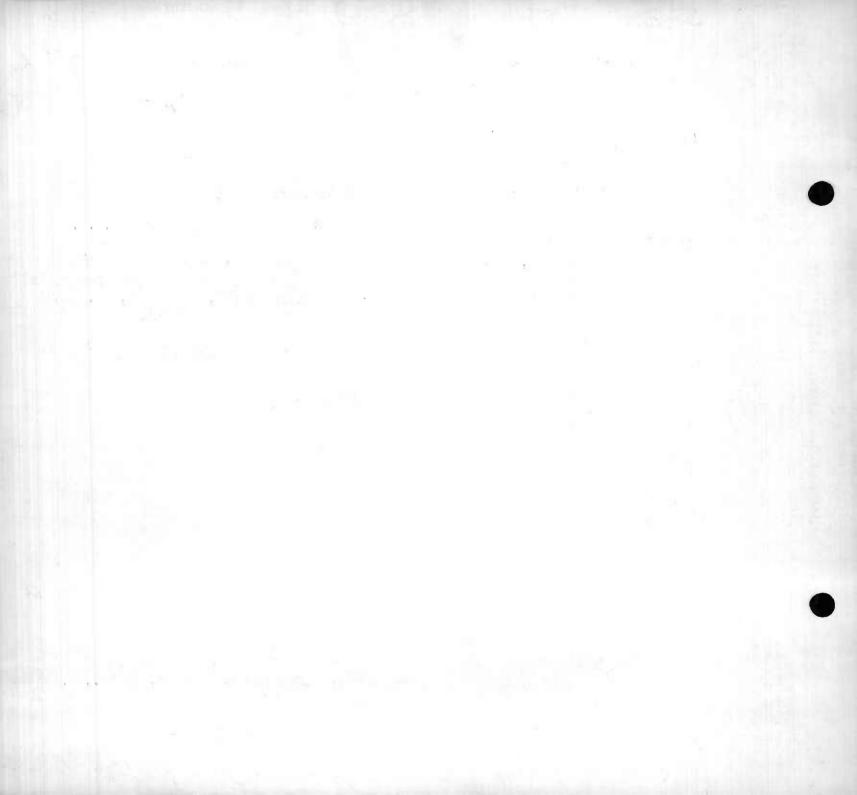
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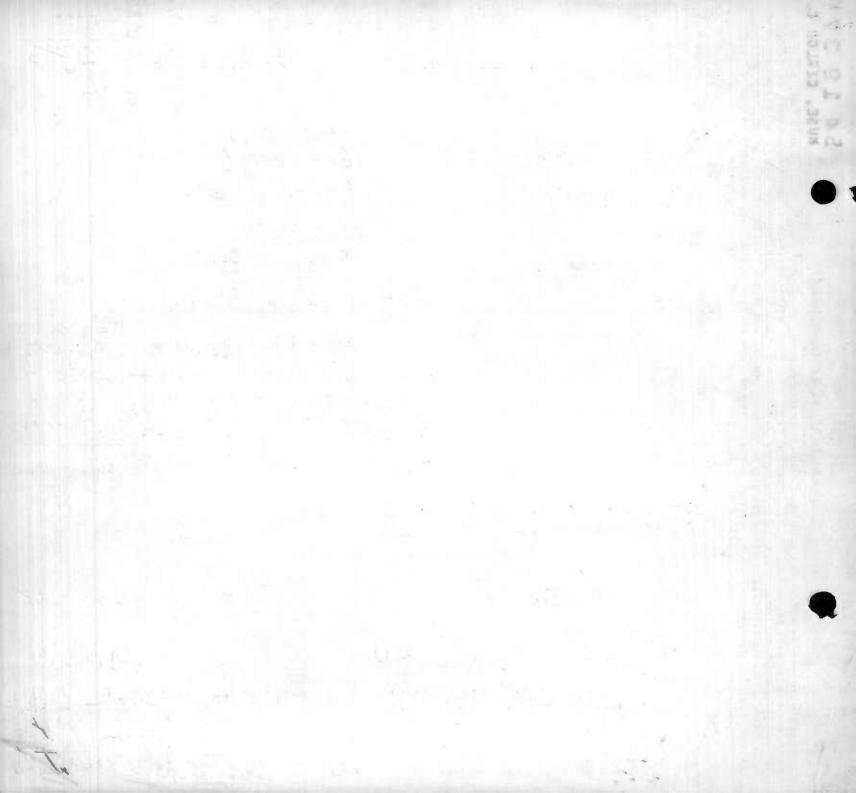
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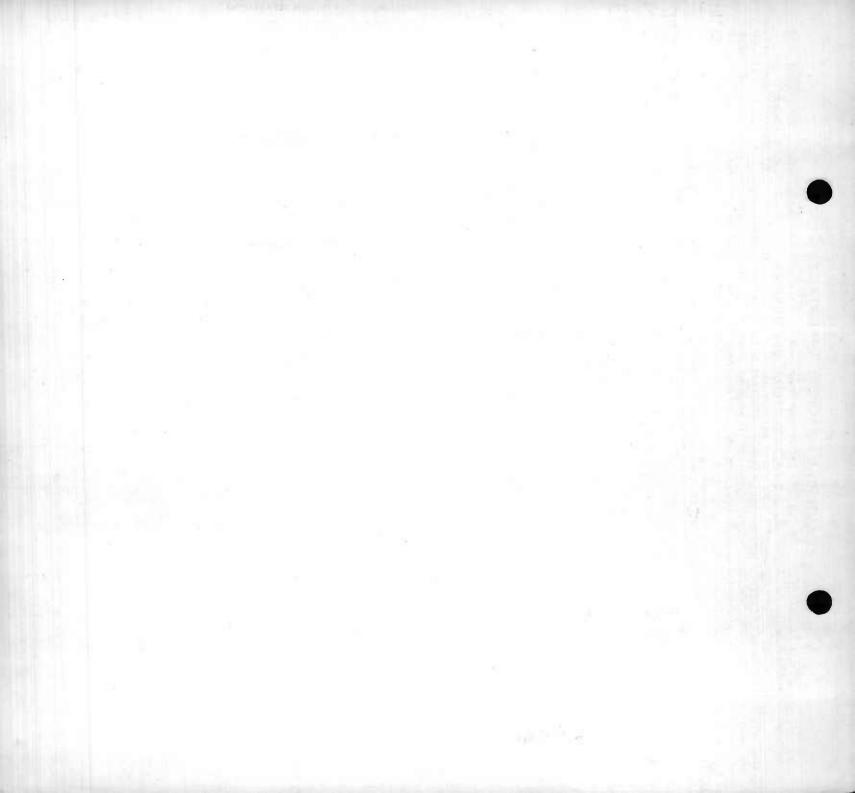
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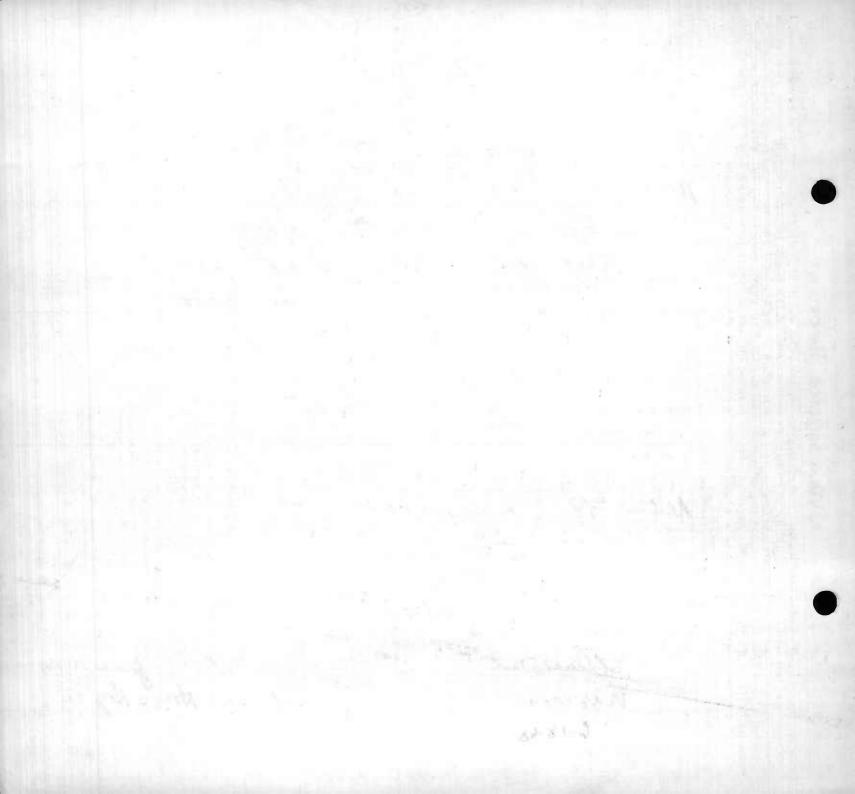
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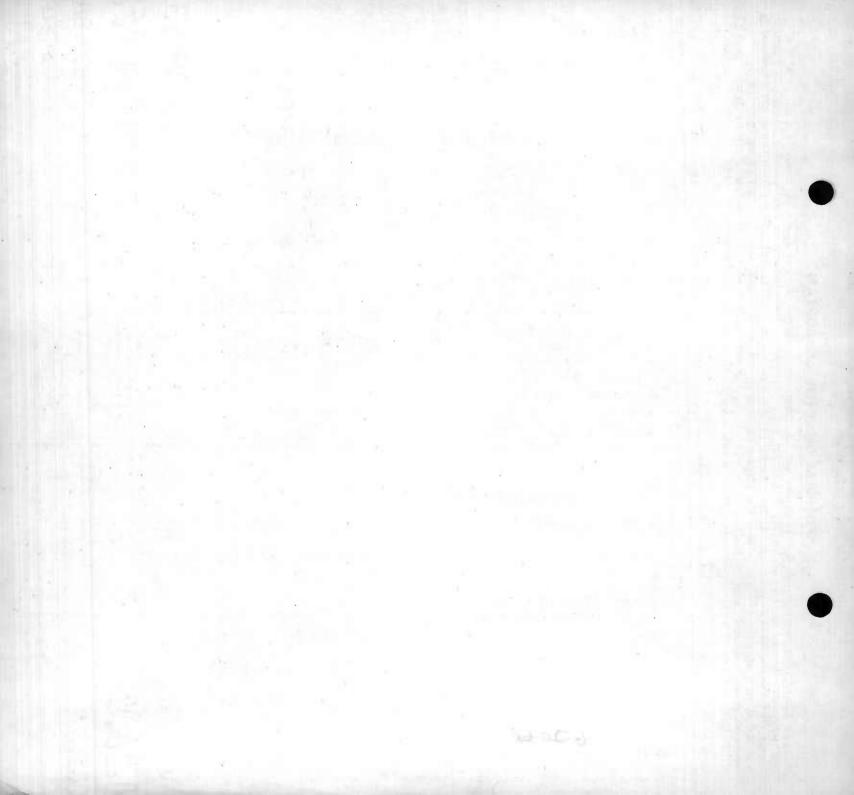
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19A. DA 21A. ACC OR CON DEATH OF INJU (APPRO) 22. I co that (I) and had 23A. SIG 23C. PHY NA	IGNIFICANT CONDITIONS CO DEATH BUT NOT RELATED TO T OR CONDITION GIVEN IN PAR TE OF OPERATION 198. CON WAS PER TE OF OPERATION 198. CON TE OPERATION 198.	HE TERMINAL RIT (A). IDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Wh At Work I) attended the deceased fram etc alive an e	in or obout 21 C. WHERE DID office bidg., INJURY OCCUR? 21 F. HOW DID INJ ile	(If In Boltimore URY OCCUR? 9 (9 ta (aur) apir	23B. DATE SIGNED South 11: 1966 (Stote) AL SCHOOL





	68- 64	A O BALTIMORE CITY	HEALTH DEPARTMENT		58- 6187
BIRTH NO. 68/	25/2/	CERTIFICA	TE OF DEATH	REG. NO	00 0401
1. NAME OF DECEASE	aky youn	GIFL	2. DATE AN	HOUR OF DEATH	11 30 1
3. PLACE IN BALTIMO	ORE MARYLAND WHERE PRO	OUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If ins	titution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL OR INSTADDRESS OR LOCATION)	TITUTION, GIVE STREET	MARYLA C. CITY ON TOWN	NO	DE CITY LIMITS?
AA			BARTIMO	. 16.	YES NO
3 Mercy K	osp. Unc.		E. STREET AND NUMBER	AISQUITI	4 St.
S. SEX 6. R	ACE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
fl	C . WIDOWE		6/15/68		124
done during most of worki	TION (Give kind of work 108, KIND ng life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME (/	
			FAITH	10009	
15. Was Deceased Ever (Yes, no or unknown) (If	r in U. S. Armed Forces? yes, give wor or dotes of service	SECURITY NO.	17. INFORMANT	0	ADDRESS
18. 7 -)	012	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
	R CONDITION DIRECTLY	Moon	stal reinia	to dita	BETWEEN ONSET AND DEATH
	DING TO DEATH nean the mode of dying, e.	(A) IMMEDIATE CAL	JSE / COSPULIC	toy distre	4 12H
hearl failure, asth	enia, etc. It means the diseason which caused death.)		A CONSEQUENCE OF:	10-57	+
	ECEDENT CAUSES	Julia	nome & p	omauni	7
	CONDITIONS, if ony, givin	(B) DUE TO, OR AS	A CONSEQUENCE OF:	<i>f</i>	
	bove cause (A) stating 1	he			
	II	(C)			
	T CONDITIONS CONTRIBUTIN				
	JT NOT RELATED TO THE TERMINA DITION GIVEN IN PART 1 (A).		100 A	N 000	යියා සංස් සංස් ස්වේ ද සංස් ස්වේ ස්වේ ස්වේ ස්වේ ස්වේ ස්වේ ස්වේ ස්
U 19A. DATE OF OPI	198. CONDITION FO WAS PERFORMED	K WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	INDINGS CONSIDERED
U 21A. ACCIDENT V	VAS UNDERLYING 2 G CAUSE OF	21B. PLACE OF INJURY (e.g.,	n or obout 21C. WHERE DID	(If in Baltimore	City, give exoct location)
OR CONTRIBUTING	G CAUSE OF Incol exominer)	nome, form, factory, street, a etc.)	ffice bldg., INJURY OCCUR?		
D 21 D. TIME (Me	onth) (Day) (Year) (Hour) 2	TE. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)		While At Not Whi			^
22. I certify that	(1) (this haspital) attended			19 68 to Ju	ne 15 19 67
	t saw the deceased alive a	0	() TR		Ion death occurred on the date
	m the couses stated above.	()			A STATE OF THE REAL PROPERTY.
23A. SIGNATURE	11/1			. /	23B. DATE SIGNED
Han	& K. Alim	OEGREE Atte	ending Med. Director	Staff Phys.	6/16/17
23C. PHYSICIAN'S	1 / / / / /		23D. ADDRESS		1-100
San	18 Kyun SHI	N, M. DEGREE	Meran Kony	person of	MARVIAND
24A. BURIAL CREMAT REMOVAL (Speci	fy)	NAME of CEMETERY OF CR	EMATORY VITA	OCATION ILL YCH	y, to wh, aradounty 2 / 1 1 1 145 total
254 DATE BECID BY	6-18-67	E OF DECISTRAN	UNIVERSIT	Y MEDICA	L SCHOOL
2SA. DATE REC'D BY		E OF REGISTRAR	2SC. FUNERAL DIRECTO		ADDRESS
VS 150-PEV 1/1/68	20 1968 P. C. B	E. Walker M.	THE STUKE LAND	SERVICE	RCKD

Blown Higher Grand Health Grand Hingham Parties many Remarked Town 1581 3



VS 150-REV. 1/1/68

00-	6490 BALTIMORE CITY	HEALTH DEPARTMENT		00 0400
00	CERTIFICA	TE OF DEATH	REG. NO	68- 6490
BIRTH NO.				
Type or Print) JOHNSON,			HOUR OF DEATH	, 2
JOHNSOM, X		6/2/68	3	stitution: residence before admission
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	A. STATE B. COUNTY	deceased lived, if in	stitution; residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR II	NSTITUTION, GIVE STREET	Maryland	Balt	imore
OSPITAL OR ADDRESS OR LOCATION		C. CITY OR TOWN		DE CITY LIMITS?
33		Baltimore		YES NO
		E. STREET AND NUMBER		10-07-
The Johns Hopkins Hos	spital	729 N. Eden	St.	10 -
SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years st birthday)	If Under 1 Yr. If Under 24 Hrs Months! Days Hours! Min.
Male Negroid WIDO	WED X DIVORCED	1903	XX5 6-	
A. USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTR
one during most of working life, even if retired)				
PATHERIC MAAR		14 440711 5015 4441054141444		
FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
. Was Deceased Ever in U.S. Armed Forces? es, no or unknown) (If yes, give war or dates of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
,,,,,	JECOKIII NO.			
18.	CAUSE OF DEATH	4		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			cular	BETWEEN ONSET AND DEA
DISEASES OR CONDITIONS, if any, g rise la lhe abave cause (A) stating UNDERLYING CONDITION last. 3 3 / II O THER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	(c)	A CONSEQUENCE OF:		
DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B IF YES WEDE E	INDINGS CONSIDERED
19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED		200. 40 10 131 11 103 01 1107	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	or about 21 C. WHERE DID	(If in Raltimor	a City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, factory, street, of etc.)	fice bldg., INJURY OCCUR?	in in builmon	a City, give exoct locotion;
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX.)	While At Not While			
(AFFROA)	Work At Work		12	11 11
22. I certify that (I) (this haspital) attend	ded the deceased from	0//19	681	0/2 196
that (1) (we) last saw the deceased alive	an 6/2	19 68 ond that	in (my (our) agin	nion death occurred on the de
and haur and from the couses stated about	va. (16 (Wa) Hist (did not) v	lew the hady ofter death		,
23A. SIGNATURE		Ten the body offer deom:		23 B. DATE SIGNED
Millio VZ	Atte	nding Med. S	taff 🖂	1/3/12
Therep I. K.	DEGREE Phys	. Director L Pt	hys.	6/2/68
23C. PHYSICIAN'S NAME (Type)		23 D. ADDRESS		
	.D. DEGREE	The Johns Hop	okins Hos	pital
4A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRE	MATORY	CATION	
REMOVAL (Specify) G-11-67	CHANGE OF SEVERE OF SKE	1110K1		ty, to wiri, for coenty) - (\$4 (\$4ate)
	C. T. T. C.	INIVEDEIT	V MEDIC	ist towin, of change and (state)
		UNIVERSIT	Y MEDIC	AL SCHOOL
	ME OF REGISTRAR	UNIVERSIT	Y MEDIC	AL SCHOOL ADDRESS

Willtowasculary

6-11-6×

BIRTH NO.	MED	ICAL EX	CAMINER'S	CERTIFIC	ATE OF	DEAT	H REG.	NO		202
1. NAME OF DEC	SOPHFRONIA CONTRACTOR OF THE PROPERTY OF THE P	C	OVINGTON	2. DATE OF DEATH	Known Estimoted	Month June	Doy 21,	1968		P. M
FULL NAME OF HOSPITAL	TIMORE, MARYLAND, V (IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITUTION		3. DATE PRONOUN	NCED DEAD	Month	21,	Yeo		
OR INSTITUTION	OHNS HOPKINS	HOSPITA	L (DOA)		Maryland	deceosed liv	ed. If insti B. COUN		ce before odr	mission)
6. SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR TO	OWN		D. INSID	E CITY EMIT	5?	
Female	Negro	WIDOWED	DIVORCED .	Balt:	imore			YES D	NO 🗆	
9. DATE OF BIRTH		y) 59 If Un Mont	der 1 Yr. If Under 24 Hrs. hs, Doys, Hours, Min.	E. STREET AN		venue				
N.C	tote or foreign country)	٧	ITIZEN OF CHAT COUNTRY?	13. FATHER'S	NAME	Cov	ING	TON		
done during most of w	PATION (Give kind of work rorking lile, even if retired) ESTIC	14B. KIND OF E	BUSINESS ÖR INDUSTRY	Lux	A W	OMA	CK			
(Yes, no or unknown)	ED EVER IN U.S. ARMED (If yes, give war or dotes	FORCES? of service)	17. SOCIAL SECURITY NO.	FREdd	E COVI	NGTON	261	ADDRESS 8 GRO	GAN	AVE
19. 110	4		CAUSE OF DEA	TH				В	APPROXIMATE	
(This does no heart failure,	E OR CONDITION DIRECT LEADING TO DEATH of meon the mode of dy osthenio, etc. It meons the	ing, e.g., diseose,	Arterioso (A) IMMEDIATE O DUE TO, OR A			ascula	c Dis			
DISEASES O	NTECEDENT CAUSES OR CONDITIONS, IF ANY ABOVE CAUSE (A) STA IG CONDITION LAST.	, GIVING	(B)(C)	as a Consequ	JENCE OF:					

EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy)
OF INJURY (Year) (APPROX.)

CERTIFICA

23.

22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct locotion) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OCCUR?

(Hour) 22E.INJURY OCCURRED WHILE AT NOT WHILE WORK

Suicide Accident resulted from: Notural causes k ACTUAL SIGNATURE_

Ronald N. Kornblum, M.D.

20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

Inspection K Autopsy ond that on this bosis, death In my opinion Homicide Undetermined monner

> CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

June 22, 1968

21. AUTOPSY? (Yes or No) no

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

I certify that I held on Inquiry

24C. NAME of CEMETERY or CREMATORY

24D. LOCATION (City, town, or county) ADDRESS

(Stote)

DATE SIGNED

25A. DATE REC'D BY HEALTH DEPT.

EXAMINER'S

NAME (Type)

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

ASSOCIATE MEDICAL EXAMINER

1639 N. BROADW

V5 151-REV. 1/1/6B

6081-8-9 N.C. W.S.A. DOMESTIC FREEddie Counsies 2618 GROGIAN INC

LULA NOMACK

JOSEPH KUIGHT TO ST N. BROGGERS

COVINGION

H-452

68- 6492 CERTIFICATE AMENDED 7-9-68

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

-	58	of dis	6	4	9	2	

8		WED	ICAL	YAWIINEK 2	JEK I IFI	CAIL	OF DE	REG. NO.		
BIRTH NO.										
 NAME OF DEC (Type or Print) 	CEASED				2. DATE OF	Known	Mont	th Doy	Yeor	Hour
	ROBERT E	HOL	MES		DEATH	Estimot	red 6	20	68	9:30 pM.
4. PLACE IN BAL				OUNCED DEAD	3. DATE		Mont	th Doy	Yeor	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT II	OR LOCAT	L OR INSTITUT	TON, GIVE STREET		UNCED DE	Ju			9:30 pm.
	1114 Car	son S	treet		A. STATE	Mary1		sed lived. If institution B. COUNTY	1/2	-04
6. SEX	7. RACE		B. MARRIED	NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE CIT	LIMITS?	
Male	Negro		WIDOWED	DIVORCED -		imore		YE	s oc	NO 🗆
9. DATE OF BIRTI	14	D. AGE (In ost birthday	years If L	Inder 1 Yr. If Under 24 Hrs. htts: Doys Hours Min.	E. STREET	, ,		C.		
							laski	D.C.		
11. BIRTHPLACE (S	otote or toreign	country)		CITIZEN OF WHAI COUNTRY?	13. FATHER	3 NAME				
Pa.				U.S.A.	Lec	nard	Holme	S		
4A.USUAL OCCU			4B. KIND OF	BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDE	NAME			
done during most of w		if retired)	Snon	rows Point	E1 -	za C	ain			
WELGE 16. WAS DECEAS		S ADMED		17. SOCIAL	18. INFOR		alli	AT	DRESS	
(Yes, no or unknown)	(If yes, give wor	or dotes	of service)	SECURITY NO.				0.5	DRESS	
no				218146160	Elea	nor	Holme:	S	same	
19.	2 2 2			CAUSE OF DEA	TH					PROXIMATE INTERVAL
	E OR CONDITI	EATH		(A)IMMEDIATE		sease		.c Cardiova	scular	
DISEASES OR RISE TO THE UNDERLYIN	nashenia, etc. It in plication which write CEDENT CAON CONDITION E ABOVE CAUS NG CONDITION THE CONDITION COND	NUSES NS, IF ANY E (A) STAT N LAST.	th.) , GIVING ING THE	(B)(C)	AS A CONSI	QUENCE C	F:			
DISEASE OR	ATH BUT NOT RECONDITION G	ELATED TO	THE TERMINA						****	
20 A. DATE OF	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA								21. AUTO	yes
UNDERLYING	NAL CAUSE W	IB-	228 hom	PLACE OF INJURY(e.g., ne, farm, foctory, street, office	in or obout e bldg., etc.)	22C. WHER	RE DID (If In Bo	oltimore City, give exo	ct locotion)	
≥ 22D. TIME OF INJURY	(Month) (Do) (Hour)	22E.INJURY OCCURRED		22F. HOW	DID INJURY	OCCUR?		
(APPROX.)			m.		VORK					
I cert	tify that I hel		nquiry 🔲		top sy		_	ısis, death in my		
resul	ted fram: No	tural cau	ses X	Accident Suici	de 🔲 H	amicide L	Undet	termined manner L NER		
ACTUAL		120	+ VVI	Se	ASS		DICAL EXAMI			DATE SIGNED
EXAMIN NAME (1	ier's Ed	ward	F. WI1s	son, M.D.		OCIATE ME	DICAL EXAMI	NER J	une 21	, 1968
24A. BURIAL CREE	MATION, 248	. DATE	2	4C. NAME of CEMETERY	ar CREMAT	ORY	24D. LOCA	TION (City, town	, or county)	(Stote)
Buria	1 6	-25-		Arbutus Me	m. Pk	MILA 1-2 -	Arbi	utus Mary	land	100
25A. DATE REC'D		368 (25B. NAM	E OF REGISTRAR		FUNERAL	R. Bai			houn St.
				000		1 11011	Too Pa-	124	5 001	

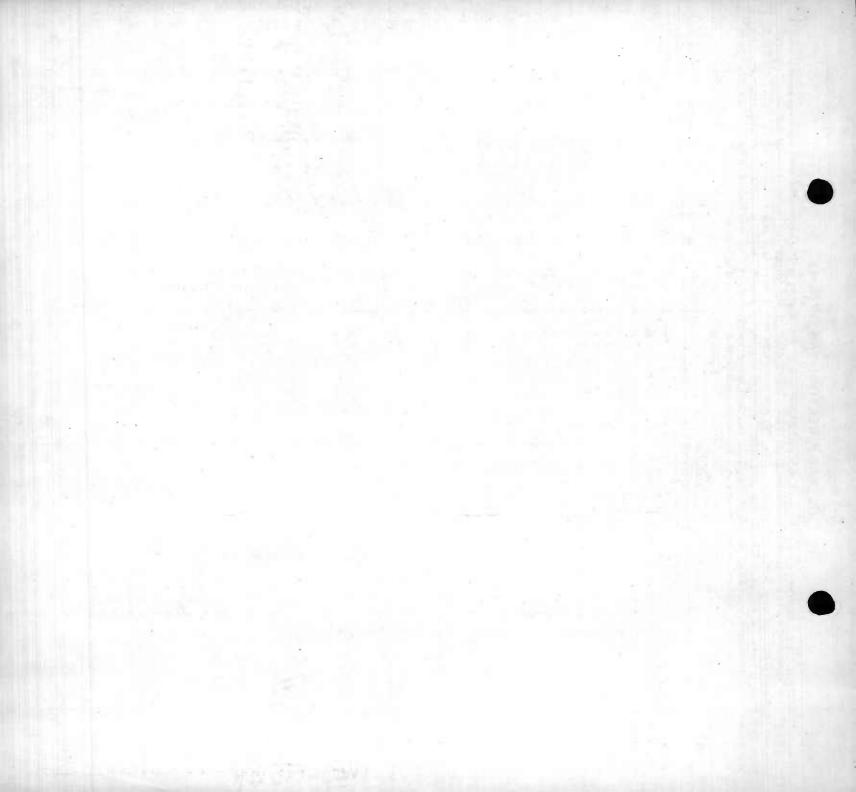
WALLEY FORES

VS 150-REV. 1/1/68

7/218/68 - Correction form from funeral director.

FUNERAL DIRECTOR: IMPORTANT

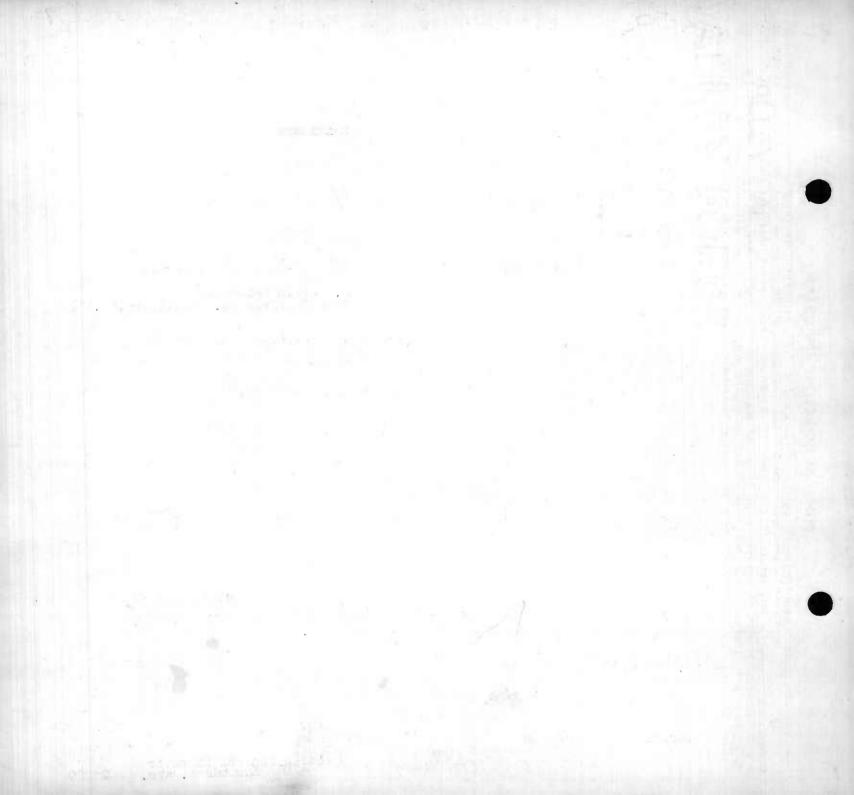
CQ_	BALTIMORE CITY	HEALTH DEPARTMENT		68- 6494
68-	CERTIFICA	TE OF DEATH	REG. NO	00-0434
BIRTH NO. 1, NAME OF DECEASED			HOUR OF DEATH	
Type or Ponti	.7 /	4		1 1035 0
	nith	LA HEHAL BESIDENCE (Whole		1235 P. M
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	A. STATE B. COUNTY	deceased lived. If in	stitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION	INSTITUTION, GIVE STREET	M. d. BA	Limore	DE CITY LIMITS?
		Λ	0. 11431	
University of MARY	and Hospital	E. STREET AND NUMBER		
50		533 Presst.	MAN ST	
A	RRIED NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years st birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	OWED DIVORCED	10/12/99	68	
A. USUAL OCCUPATION (Give kind of work 10 B, KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign	n country)	12. CITIZEN OF WHAT COUNTRY
1-1-		Virginia		USA
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	F	
0		1		
Carey Smith			arris	
. Was Deceased Ever in U.S. Armed Forces? es, no or unknown) (If yes, give war or dates of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	· Smith	ADDRESS
	219 11 4580	Medical Res	/	same
18. 13 7 9 1	CAUSE OF DEAT	H Rec	0101	APPROXIMATE INTERVAL
		Metastatic	CARCINO	MA BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		,,,		
	(A)IMMEDIATE CAL		creas	
(This does not meon the mode of dying, heart failure, asthenio, etc. It means the di		A CONSEQUENCE OF:		
injury or complication which caused death.				
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if ony,	(B)	A CONSEQUENCE OF:		
rise to the obove couse (A) stoling	91.11.9			
UNDERLYING CONDITION IOSI.	(C)			
15-78 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			
IN THE DEATH BUT NOT RELATED TO THE TERM IN DISEASE OR CONDITION GIVEN IN PART 1 (A).	INAL JOFE	oncho prienno	NIA	
19A. DATE OF OPERATION 19B. CONDITION		20A. AUTOPSY? (Yes or No)	208. IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORME		Vos	IN CERTIFYING CA	USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21B, PLACE OF INJURY (e.g., i	n or about 21 C, WHERE DID		e City, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	,, in common	
DEATH (notify medical examinat)	etc.)			
21D.TIME (Month) (Doy) (Year) (Hour	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.)	While At Not Whil			
(APPROX) NON e	Work LJ At Work			
22. I certify that (I) (this hospital) otter	ded the deceased fram 6	/8/	68 to	IUNE 23 1960
that (1) (we) lost saw the deceased aliv				nion deoth accurred on the dot
			THE COUNTY OF	accin accomed on the dol
ond hour ond fram the couses stated abo	ove. (I) (We) (did) (did nat) v	iew the body after death.		
23A. SIGNATURE				23B, DATE SIGNED
741.11. 8	MATTER MID Atte	nding Med. S S. Director P	taff hys.	June 23, 1960
23 C. PHYSICIAN'S	o conce	23D. ADDRESS	.,, .,	VUNE AS, 116
NAME (Type)				
William E. Me				
	c/s DEGREE			
4A. BURIAL CREMATION, 24B. DATE	DEGREE	EMATORY 24D. LO	CATION (Ci	ity, town, or county) (State)
REMOVAL (Specify)	DEGREE	MATORY 24D. LO	CATION (C)	ity, town, or county) (Stote)
Burial 6/28/68	Mt. Aub un	To Cem.	Balto	. Md.
Burial 6/28/68	DEGREE	24D. LO	Balto	ADDRESS
Burial 6/28/68	Mt. Aub un	To Cem.	Balto Balto	. Md.



Cox

DEATH OF SECRET REG. NO R88 6496 SALIMORE CITY HEALTH DEATH REG. NO R88 CAPITAL DEATH REG. NO	(16)	1	(68- 6496 CENTIFICA	ATE OF DEATH REG. NO. 68-6496	
THE STATE OF THE S	14/	sed the the uch		IH NO.	A I E OF DEATH	_
THE RESIDENCE OF THE PROPERTY	0	de d		or Pont	JUNE 23, 1968 12:00P,	
ST. AGNES HOSPITAL CATON & WILKENS AVE. BALTIMORE, MD. 21229 S. SIX BALT		of of of ath	3.	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY	
ANTITIONE WILKENS AVES. BALTIMORE, MD. 21229 S. SHAIN ST. S. SHAIN ST			FU H C	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		_
DALLIFFURE, PID. 2 1229 SER SACE MARED MOVER MARRID ST. AGE to years Mountain Mare Mountain Mar		ca c	1	SI. AGNES; HUSTITAL	ELLICOTT CITY YES NO K	
See		TO.=_ L .	4		(23-00	
TABOPET T. FATHER'S MAME T.		but ned ned p	5. 5		9. AGE (In years If Under 1 Yr. If Under 24 Hrs.	=
Laborer I.A MOREY WARDEN I.A	J	occu nrm rrm reguegase	.44	TIALL MITTER	1 05 15 09 59	
The property of the property o		dete dete in on		during most of working life, even if retired)		?
S. Was Discosed Eve in U. S. Amed Forces? Social No. 17. INFORMANT BALTO., AMPSES 21229 18. 19. 18. 19.			13.			-
OLY STATE OF DEATH CAUSE OF DEATH APPROXIMATE HINNY AS INDERVING CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH APPROXIMATE HINNY AS INDERVING CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE HINNY AS INDERVING CONDITION OF AS A CONSEQUENCE OF CONDITION OF CONTEXT OF AS A CONSEQUENCE OF CONDITION OF AS A C	-	t if (4) (4) is po	JA	MES WARDEN	HATTIE BELLE THOMLIN	
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THE COLOR OF AS A CONSCIDENCE OF. Color C	RT	ssissis the the delay kind				t -
The day of	PO	SOF		4/9/1		1
ANTECEDENT CAUSES OL DUE TO, OR AS A CONSTOURNE OF: INCIDENT OF A COLORISM CONDITIONS I (a) stelling the UNDERVING CONDITION I (a) st	Ξ	A O O DE		(A)IMMEDIATE CA	AUSE WILL Mystardial 2 years	
ANIECEDIN (AUSE) ANIECEDIN (AUSE) BY A COLOR OF AS A CONSEQUENCE OF: OB		ctur ctur pror		heart failure, asthenia, etc. It means the disease,	etion and consistive	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE REMINAL TO T	5				ant failure	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE REMINAL TO T	E	X > -	1	rise to the abave cause (A) stoting the	AS A CONSEQUENCE OF:	
THE SIGNIFICANT CONDITION S CONTRIBUTING TO THE SIGNIFICANT CONDITION S CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). DISEASE OR CONDITION	PIG	al al				_
DISEASE OR CONDITION GIVEN IN PART 1 (A). DISEASE OR CONDITION GIVEN IN PART 1 (A). DISEASE OR CONDITION	AL	emodic ourn nysi	0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
DEATH (noifly medical examine) DEATH (noifly medical examine)	ER	TEX C.D.		DISEASE OR CONDITION GIVEN IN PART 1 (A). 19.4. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY! (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED	-
DEATH (noifly medical examine) DEATH (noifly medical examine)	Z	L	ERTIF		100	
22. I certify that (N) (this haspital) attended the deceased from JUNE 18 1968 to JUNE 23 1968, that (N) (we) last saw the deceased alive on JUNE 23 1968 and that In(N) (our) opinion death occurred an the date and hour and from the causes stated abave. (N) (We) (did) (dd Anat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED 23D. ADDRESS W. K. GALLAGER, JR. 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) Burial 25B. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR HOWARD COUNTY 25C. FUNERAL DIRECTOR HOWARD COUNTY 25C. FUNERAL DIRECTOR HOWARD COUNTY Marryland 25C. FUNERAL DIRECTOR HOWARD COUNTY Maryland	II.	e e e		OR CONTRIBUTING CAUSE OF home, form, foctory, street,	office bldg., INJURY OCCUR? (If in Boltimore City, give exact location)	
22. I certify that (M) (this haspital) attended the deceased fram JUNE 18 1968 to JUNE 23 19.68, that (M) (we) last saw the deceased alive an JUNE 23 19.68 and that In(My) (our) opinion death occurred an the date and haur and fram the causes stated abave. (M) (We) (did) (MdMat) view the bady after death. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) W. K. GALLAGER, JR. 23D. ADDRESS W. K. GALLAGER, JR. 23D. ADDRESS W. K. GALLAGER, JR. 23D. ADDRESS W. K. GALLAGER, JR. 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) Burial 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR HOWARD Country Witzke Maryland		Print S		21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	-
22. I certify that M (this haspital) attended the deceased fram JUNE 18 1968 to JUNE 23 19.68. that (M (we) last saw the deceased alive an JUNE 23 19.68 and that In(My) (aur) opinion death occurred an the date and haur and fram the causes stated abave. (M (We) (did) (MdMnat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) W. K. GALLAGER, JR. 23D. ADDRESS W. K. GALLAGER, JR. 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) Burial 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR HOWARD OUNTLY Ellipedate City Maryland		hos nat ept d (6	8	(APPROX.) While At Not Whi	nile nk	
and haur and from the causes stated above. (N) (We) (did) (AdAnot) view the bady after death. 23A. SIGNATURE		pro the ny exc an				
Athending Med. Director Shoff Director Direct		of of of poly				e
Director Phys. Direct		spit spit dear	1		23B. DATE SIGNED	-
Burial June 26 '68 Crest Lawn See 25		3 9 5		DEGREE Phy		×
Burial June 26 '68 Crest Lawn See 25		at a at cov		NAME (Type)		
Burial June 26 '68 Crest Lawn See 25		ific W () A d pr	244	BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY OF CR	E 6209 FREDERICK AVE BALTO MD 2122 REMATORY 24D. LOCATION (City, town, or county) (State)	28
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR Funeral Home, Harry Witzke Maryland		£4000			Marriottsville Md.	1
Agit we ledd district a department			254	0 40 00 0		-
			VSN		Maryland	**

E-1 -0 Burney Styles 1 . 2 1.2 . 1 AND SHIP CONTRACTOR OF SHIP

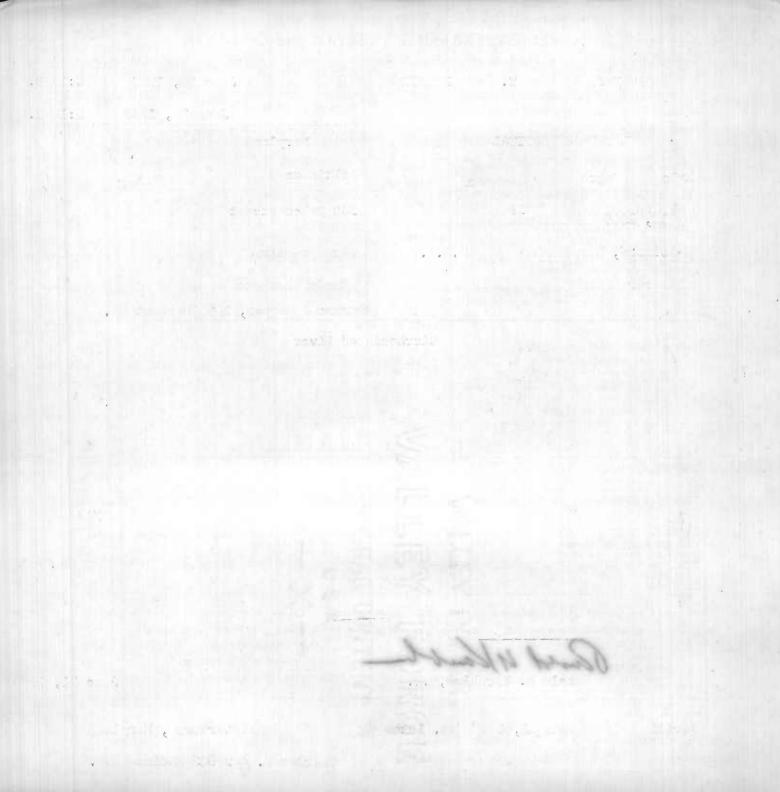


68- 6498 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO.

68- 6498

BIR	TH NO.					3			KEO. 110.			
1. I (Typ	NAME OF DEC	BERT		т.	PRESTON	2. DATE OF DEATH	Known Estimoted	Month June	20, 1968		:10	P. M.
4.	PLACE IN BAL	TIMORE, MA	RYLAND, V	HERE PI	RONOUNCED DEAD	3. DATE		Month	Doy		lour	1711
HO	L NAME OF SPITAL INSTITUTION	(IF NOT	IN HOSPITA	LORINS	STITUTION, GIVE STREET		INCED DEAD SIDENCE (Where		20, 196			P. M.
		LUTHERA	N HOS	PITAL		A. STATE	Mary land	e deceosed i	B. COUNTY	14-	0	3
6.	SEX	7. RACE		8. MARE	RIED NEVER MARRIED	C. CITY OR			D. INSIDE CIT	Y LIMITS?		
	Iale	Negro	10. AGE (II	WIDOV	WED DIVORCED I	Baltin	nore		YES	NO		
		.909	lost birthdo	59	Months, Doys, Hours, Min.		aker Stree	et				
	BIRTHPLACE (S		n country)		12. CITIZEN OF WHAT COUNTRY?	13. FATHER'	S NAME	-	M44.			
144		PATION (Give	kind of work	148. KINE	U.S.A. D OF BUSINESS OR INDUSTR	Mark 15. MOTHER	Preston	ΛE				
don	e during most of w		en itretired)				_,					
16.	WAS DECEASE		J.S. ARMED	FORCE	S? 17. SOCIAL	1B. INFORM	Y Thompson	n	ADI	DRESS		
(Ye	s, no or unknown)	(If yes, give w	or or dotes	of service	SECURITY NO.		de Cooper,		Chestmit	St.		
-	NO	19			CAUSE OF DEA					APPRO	XIMATE II	
	9 /	/ /			Cirrhosi	s of Li	ver			BETWEEN	ONSET A	ND DEATH
		E OR CONDI		CTLY								
	(This does n	ot mean the , osthenia, etc. nplication whic	mode of dy It means the	diseose,	disease,							
Н	injury or con	inplication while		1								
		NTECEDENT			(B)	15 1 6011656						
	RISE TO THE	OR CONDITION	JSE (A) STA	, GIVING TING THE		AS A CONSEC	QUENCE OF:					
z	UNDERLYIN	NG CONDITI	ON LAST.		(c)		******					
은	381,	0	11									
CERTIFICATION	TO THE DEA	HEICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERM	AINAL							
	20A. DATE OF	FOPERATION	20B. CO	NOITION	FOR WHICH OPERATION W.	AS PERFORM	ED	21. AUTOPS	Yes or No)			
EDICAL	22A. EXTERIUNDERLYING		TRIB-		22B. PLACE OF INJURY (e.g., home, form, factory, street, office	in or obout 2 e bldg., etc.)	2C. WHERE DID (NJURY OCCUR?	(If in Boltimo	ore City, give exoc	t location)		
X	OF INJURY		oy) (Yeo	·) (Hou		WHILE C	2F. HOW DID IN.	JURY OCC	UR?			
	(APPROX.)					VORK						
		rify that I he	eld an I	nguiry [Inspection Au	tapsy X	and that an th	his basis,	, death in my a	pinion		
		ted fram: N			Accident Sulcie				ined manner			
П		_)		7/		CHIEF MEDICAL E					
	ACTUAL	11/4	. ed	11	Kanth	- ASSI	STANT MEDICAL E	XAMINER	x	DA	ATE SIG	NED
	SIGNATI	ER'S Ro	nald N	I. Ko	rnblum, M.D.).	CIATE MEDICAL E			June	21.	1968
	NAME (T	Type) MATION, 2	4B. DATE		24C. NAME of CEMETERY	ar CREMATO	PRY 24D.	LOCATION	V (City, town,		(Sto	
-	MOVAL (Speci		T C	1 10	C4 T 11				30			
_	urial		June 2		St. Lukes	250 1	Hei	stert	own Mar	yland		
23.		UN 25		A	on B. E. Staffens		rles R. I		AL	JOKE 33		
				1	Des A	7130		,				



IMPORTANT

DIRECTOR:

Letter from St. Agnes Hospital 7-8-58 M.H.

South Baltman General har as Hill & Charles St. De 19, 1404 63 4-22 6-24 61 6-22 (thing said _ martiful | 1 miles